



Yukon Workers'  
Compensation  
Health and  
Safety Board

## EMPLOYER REQUEST FOR DISCLOSURE

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 393-6279, **Website:** www.wcb.yk.ca

I, \_\_\_\_\_, request that the Yukon Workers' Compensation  
*print your name*  
Health and Safety Board (YWCHSB) provide me with a copy of:

- an update of information on my worker's claim file relevant under the appeal
- all information on my worker's claim file that is relevant under the appeal

Name of worker \_\_\_\_\_ File number(s) \_\_\_\_\_

Please send this information to me or to my agent at the following address:

Employer \_\_\_\_\_ Telephone number \_\_\_\_\_

My agent \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

**or:**

- Check here if you wish to pick the material up in person from the receptionist.  
*Please be prepared to show photo ID.*
- Authorization letter attached to this form in the event you are unavailable to pick up the disclosure but have identified another individual to pick up the information on your behalf. That individual will need to show photo ID in order to pick up your information.

I understand that any information obtained by me under section 56 of the *Workers' Compensation Act* S.Y. 2008 (the "Act") shall be used solely for the purpose of a review; under section 53 or an appeal under section 54 of the *Act*, of matters respecting the noted claim. Use of this information for any other purpose is an offense under the *Act* and may be subject to prosecution.

I understand that one copy of the relevant information on my worker's file shall be forwarded to me without charge; however, additional copies are available for a fee. Updates of new relevant information shall be provided to me without charge upon receipt of a signed request from me.

Name (please print) \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

For further information about reviews or appeals, please contact the Appeals Assistant: YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

**Note:** This information is being collected under the authority of the *Act* solely for the purpose of this review or appeal. For further information about the collection of this information, please contact the Vice-President of Operations/CFO, YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.