



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 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.

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.

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.