



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:

- all information on my claim file
an update of information on my claim file

File number(s) _____

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

Worker/dependent _____ 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 my file shall be forwarded to me without charge; however, additional copies are available for a fee. Updates of new 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.