



I, _____, request that the Yukon Workers' Compensation
print your name

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.
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 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.

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.