



## VERIFICATION OF INFORMATION

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

PERSONAL INFORMATION		Claim #
Surname		Email Address
First Name		Current Phone #
Address		Work #
City		Cell #
Province	Postal Code	Has your address changed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION	
Have you worked in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , name of current or most recent Employer	
Employer's Address	
Dates of Employment from _____ to _____	Occupational Title
Hourly rate	Hours per week
Monthly Salary	<b>OR</b> Annual Salary
<i>If you have worked for other employers in the past 12 months, please write the above information about them on a separate piece of paper and attach it to this form. Please ensure you quote your claim number.</i>	
If <b>NO</b> , please provide information regarding job search that you have done over the past 12 months.	
Company Name	
Contact person	Telephone #
Type of work applied for	
Was the contact <input type="checkbox"/> In person <input type="checkbox"/> By mail <input type="checkbox"/> By phone	
Is there a specific type of employment you are looking for?	
Are you self-employed <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , name of company	
<i>If self employed, please ensure you provide <b>Form T2125 Statement of Business Activities from your Income Tax Return.</b></i>	
By signing this form, I declare that the above information is true and correct.	
Signature _____	Date (d/m/y) _____

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. YWCHSB may disclose this information to others in accordance with the law, including the *Workers' Compensation Act and Access to Information and Protection of Privacy Act*.