Workers' Safety and Compensation Board Yukon

Email Authorization Form

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This information is being collected for the purposes of administering and enforcing the Workers' Safety and Compensation Act and is collected under the authority of that Act and the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Privacy Officer at WSCB at (867) 667-5645 or 1-800-661-0443.

*First Name *Last Name Claim Number

I authorize the Workers' Safety and Compensation Board (WSCB) to EMAIL correspondence, requests for information, confidential medical or employment information and all other documents to me whenever possible.

*My email address is (ex: you@wcb.yk.ca)

I understand that email communications are not a reliable or secure form of communication and that interception by a third party is possible and the confidentiality of any email cannot be ensured. I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith, by writing to WSCB at the address noted above.

Incoming email communications will be responded to as soon as possible however if you are concerned we may not have received the message, please call our office during regular business hours.

Email communication should never be used in the case of an emergency or for urgent requests for information.

This authority is to remain in effect until written notice to revoke this authorization has been received by WSCB.

Name/Signature Date (DD/MM/YYYY)

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If this form is submitted electronically, please type your signature. Paper copies of this form require a hand-written signature before submission.

By submitting this form I declare that I accept the above terms and conditions.