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This form is an application for compensation benefits for hearing loss.

If your hearing loss occurred over time, a record of employment history is needed to verify that your Yukon employment history meets the criteria in the policy. Please complete and mail the "Request Template" found at this link: [Request to Service Canada for Employment History](#).

Please note, it can take up to 4 months for Service Canada to return your employment history. In order to avoid any further delays in your claim, please submit your employment history to the board, as soon as you receive it.

Worker Information

* First Name (As shown on valid government-issued ID)

* Street Number

Middle Name

* Street Name

* Last Name (As shown on valid government-issued ID)

* City

Also Known As

* Province/Territory

* Primary Phone Number (ex: (999) 999-9999)

* Country

Secondary Phone Number (ex: (999) 999-9999)

* Postal Code

Work Phone Number (ex: (999) 999-9999)

Email (ex: you@wcb.yk.ca)

* Is the physical address the same as mailing address?

Yes

No

I acknowledge that electronic communication has inherent security risks, as do all forms of communication. Notwithstanding the inherent risks of electronic communication, I consent to the use of electronic methods to transmit and receive information, including confidential and personal information between the board and myself. This consent will remain in effect until written notice to revoke this authorization has been received by the board

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Mailing Address (character limit: 570)

Only fill out if mailing address is different from address you provided above

* Gender

Male

Female

Other

* Date of Birth (DD/MM/YYYY)

/

/

* Do you require an interpreter or translation services?

Yes

No

For which language

Employment Information

* What was your job at time of the work-related injury?

What is your job title, what do you do?

* Are you a partner, owner or proprietor in this business?

Yes

No

If Yes,

Proprietor

Partner

Owner

Work-related injury information

* Have you reported this work related injury to your employer?

Yes

No

First name of person at your place of work you reported your work-related injury to

Primary contact number for the person you reported your injury to (ex: (999) 999-9999)

Last name of person at your place of work you reported your work-related injury to.

* Describe in detail what equipment or environment you believe is the cause of your hearing loss? (character limit: 570)

* Did your work-related injury occur on your employer's premises?

Yes

No

If no, please explain where the work-related injury occurred (character limit: 570)

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* Do you have a claim for hearing loss or ear injury with any other workers' compensation board in Canada?

Yes

No

* Did your work-related injury happen in the Yukon?

Yes

No

* Where did the injury happen outside of the Yukon?

Where outside of Canada

Please indicate the city and country where the injury happened

* Have you been exposed to gunfire?

Yes

No

What is your firing stance?

Right-handed

Left-handed

Date you were first diagnosed with hearing loss? (DD/MM/YYYY)

/ /

Where did you get your hearing test? (character limit: 570)

If you received medical attention outside of the Yukon, please provide the name, city and province of that medical office

* Other than hearing loss, have you ever seen a doctor about your ears?

Yes

No

Please explain (character limit: 570)

* Have you missed work due to your hearing loss?

Yes

No

When did you miss work (DD/MM/YYYY)

/ /

* Social Insurance Number

Needs to be 9 digits long

Signature, consent and declaration

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By submitting this form, I declare that the information provided is true and correct. I consent to the release from any third party to the Workers' Safety and Compensation Board (board) of any medical, employment or other information relevant to my claim. I consent to the board disclosing to health care providers, hospitals, physicians, my employers, other workers' compensation boards and any other relevant third parties, all relevant information necessary to administer my claim in accordance with the law. I understand that my social insurance number may be used for reporting to Canada Revenue Agency and collecting information from Canada Revenue Agency for the purpose of determining benefit entitlement.

Please ensure that your Service Canada employment report and a copy of your hearing report are submitted once you have them.