



REQUEST FOR DISCLOSURE

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

CLAIM #	
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WORKER'S INFORMATION

Last Name		First Name	
Address			
City		Territory/Province	
Postal Code		Telephone #	

WHO IS REQUESTING DISCLOSURE?

Please choose one Worker Representative

If representative, an AUTHORIZATION FOR REPRESENTATION FORM from the worker must accompany this request, if not previously submitted.

REQUEST FOR DISCLOSURE

Please choose one
 All information on claim file **OR** An update of information on claim file
 One copy of the file shall be provided without charge. Additional copies are available for a fee.
 Updates on claim files are available without charge. Submit a new form for each update request.

Please choose **either** the Pick up or Mail Option

PICK UP OPTION

Be prepared to show photo ID
 Check here if you wish to pick up the disclosure at our office, 401 Strickland St.
 Check here if you authorize the following individual to pick up the disclosure on your behalf

Name of individual - please print	Telephone #
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OR

MAIL OPTION

Please send the disclosure to one of the following Worker Representative

If representative, mailing information will be collected on the AUTHORIZATION FOR REPRESENTATION FORM

SIGNATURE _____ Date (d/m/y) _____

Personal information on this form is collected for the purposes of administering a worker's compensation claim by YWCHSB in accordance with the *Workers' Compensation Act* and the *Access to Information and Protection of Privacy Act*. For further information about the collection of this information, please contact the Privacy Officer at YWCHSB at the above address or call (867) 667-5645 or 1-800-661-0443.