



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 # [ ]

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 #

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.