



Yukon Workers'  
Compensation  
Health and  
Safety Board

## APPLICATION TO WITHDRAW A REVIEW OR APPEAL

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645, Toll free: 1-800-661-0443, Fax: (867) 393-6279, Website: www.wcb.yk.ca

***A request for a review by a hearing officer or an appeal may be withdrawn.***

Name	
Name of Representative <i>(if applicable)</i>	
Address	
City/Town	Postal Code
Telephone (home)	Telephone (work)

**You are withdrawing a request for a review or an appeal regarding:** *(please mark your answer)*

**A claim for compensation**  
Claim number: \_\_\_\_\_

**An assessment matter**  
Name of company: \_\_\_\_\_ Account number: \_\_\_\_\_

**An occupational health and safety matter**  
Name of company: \_\_\_\_\_

For what date is the hearing scheduled? \_\_\_\_\_

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*

For further information about reviews or appeals, please contact the Appeals Assistant: YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

**Note:** This information is being collected under the authority of the *Workers' Compensation Act* S.Y. 2008 or *Occupational Health and Safety Act* R.S.Y. 2002 solely for the purpose of your review or appeal. For further information about the collection of this information, please contact the Vice-President of Operations/CFO, YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.