

Service Canada
Contributor Client Services
Canada Pension Plan
PO Box 818 Station Main
Winnipeg, MB R3C 2N4

I have filed a claim for noise-induced hearing loss with the Yukon Workers' Compensation Health and Safety Board. The Board requires confirmation of my complete employment history.

Please provide the following:

- Name of employers
- Province or Territory of Employment
- Years worked with each employer

Earnings and contributions information is not required.

The following information is provided to assist in the retrieval of my employment records. My mailing address is noted below.

Thank you in advance for your prompt reply to my request.

Name: _____

Date of Birth: _____

Social Insurance Number: _____

Mailing Address: _____

Signature: _____ Date: _____