

EMPLOYER'S REQUEST FOR WORKER CLAIM FILE AND AUTHORIZATION

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

| EMPLOYER INFORMATION | | |
|---|--------------------------|---------------|
| Worker's Name: | | Claim Number: |
| Employer: | | Contact Name: |
| Address: | | Province: |
| | | Postal Code: |
| Telephone: | | Email: |
| AUTHORIZED REPRESENTATIVE (if applicable) | | |
| If you wish to appoint a representative to act on your behalf for claim communications and access to worker claim file | | |
| documents, indicate your representative below. Please note this authorization will remain in effect until you notify | | |
| WCB that it is no longer in effect. | | |
| Name of Representative: | | |
| Address: | | Province: |
| | | Postal Code: |
| Telephone: | Fax: | Email: |
| ISSUE(S) IN DISPUTE | | |
| In order to receive claim file information, you must clearly identify an issue(s) in dispute on the claim. Only information | | |
| relevant to the issue will be released. Please identify this below: | | |
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| FILE REQUEST | | |
| You may request a copy of the relevant claim file information or specific documents. Please select your preference: | | |
| All Relevant Claim File Information \Box -or- Specific Claim File Documents \Box | | |
| If specific documents are being requested, please indicate the document dates and types: | | |
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| METHOD OF DELIVERY | | |
| Claim file documents will be sent using the WCB's secure electronic file transfer service. A notification will be sent to | | |
| you or your representative at the email address noted above. If this is not an option, please confirm how you would | | |
| like the file to be sent: | | |
| Courier Pick up at | the WCB office \square | |
| Employer Contact Signature: | | Date: |
| , , | | |

Personal information on this form is collected for the purposes of providing employer access to claim files under section 83 of the *Workers Compensation Act* and in accordance with section 31 of the *Freedom of Information and Protection of Privacy Act*. For further information about the use of personal information, please contact the Workers Compensation Board's FOIPP Coordinator at P.O. Box 757, Charlottetown, PE, C1A 7L7 or telephone (902) 368-5680.