

Request for Photocopy of File(s)

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PRINT

RESET

SAVE

Claim Number:

I, _____ (Name of Worker), request a photocopy of my file(s), in accordance with the *Workers' Compensation Act*, be sent to:

Worker

Worker Name _____

Street _____

City _____

Province _____ Postal code _____

Phone Number _____

Representative

Representative Name _____

Street _____

City _____

Province _____ Postal code _____

Phone Number _____

I acknowledge that the information provided in this form is true and accurate. I understand I am providing informed consent to authorize WCB Nova Scotia to release information about my claim to the individual/organization noted above, until I request otherwise in writing.

By submitting this form, I confirm that the information provided on this form is true and accurate. I understand this information may be subject to audit and the WCB may rely on this information in adjudicating my claim.

I prefer to receive these documents:

As paper copy via Priority Post (must be picked up at the Post Office); or

Through a secure file transfer to the following email address: _____

Signature

Please type your name if you are submitting this form electronically via secure message; hand-sign for all other submission methods.

Date _____
(MM/DD/YYYY)

Type or sign name.

**This request is valid for 12 months from the date it is received at WCB Nova Scotia offices.
Renewal will not be initiated by the WCB Nova Scotia.**

Please submit this completed form as a secure message attachment in **WCB Online**, fax it to **902.491.8001** or mail to:
WCB Nova Scotia, PO Box 1150, 5668 South Street, Halifax, NS B3J 2Y2