Employer Request for Claim File Document – Absence of an Appeal

To: Workers' Compensation Board
PO Box 1150
Halifax, NS
B3J 2Y2

Fax: (902) 491-8001

CASE WORKER'S NAME (if known):
CLAIMANT'S NAME: *
WCB CLAIM #: *
EMPLOYER: *

I, *_____ , hereby request the Workers' Compensation Board release a copy of the claim file documents or records relevant to the following decision:

Decision Subject:

_____

_____

_____

Only the information in the worker's claim file which is relevant to the decision referenced above may be released to you. WCB staff will have the responsibility of reviewing claim files to determine which documents are relevant to the decision.

Please select from below:

_____ **I require the documents relevant to the decision after this date (please provide date)** _____

_____ **I require only the medical documents relevant to the decision**

_____ **I require a copy of the following specific document:** _____

*** Please provide a reason for request: (**make reference to concerns with material either contained in or which the employer has reason to believe was omitted from, the appealable decision.)

_____

_____

_____

Dated this **_____ day of **_____, 20___.

*_____
SIGNATURE OF EMPLOYER AUTHORIZED REPRESENTATIVE

*** = <u>MANDATORY – information must be included before request will be processed</u>.**