WORK SAFE. FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Internal Appeals
WCB Nova Scotia
PO Box 1150
Halifax, Nova Scotia B3J 2Y2
Toll-free: 1.800.870.3331
Fax: 902.491.8001

# Employer Request for Claim File Document (No Appeal)

**Visit our website: wcb.ns.ca**

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Claim Number:

* = MANDATORY – information must be included before request can be processed.

Case Worker's Name (if known):

## Claimant and Employer Information

Claimant's Name:*

Employer Name:*

I, *_____ (Name of Authorized Representative), 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 identify what information you are requesting from the options below:**

☐ I require the documents relevant to the decision after this date (please provide date) _____ (MM/DD/YYYY)

☐ I require only the medical documents relevant to the decision

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

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

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:

_____

| Date (MM/DD/YYYY) | Signature of Authorized Employer Representative: |
|---|---|
| | |

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

16/JUNE/2022