

Employer Request for File Release – Hearing Officer Appeal

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Claim Number:

* Information is required for processing.

Claimant and Employer Information

Claimant's Name:*

Name of Authorized Employer Representative:

Employer Name:

Business Mailing Address (No P.O. Boxes):*

Address Line 1:

Address Line 2:

City:*

Province:*

Postal Code:*

I, * _____ (Name of Authorized Representative), hereby request the Workers' Compensation Board release the information specified below, which is solely related to the worker's claim to:

Only the information in the worker's claim file which is relevant to the appealable decision may be released to the worker's employer. WCB staff will have the responsibility of reviewing claim files to determine which information is relevant.

Please select from below:

- I require a copy of all relevant documents on file
- I require only the relevant documents after this date: _____
(MM/DD/YYYY)
- I require only the relevant medical information
- 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