**Copy Services**
WCB Nova Scotia
200-137 Venture Run
Dartmouth, Nova Scotia B3B 0L9

Toll-free: 1-800-870-3331
Fax: 902-491-8001

# Worker Request for Copy of Claim File

**Submit online for faster service**
Send your completed form via secure message through WCB Online at wcb.ns.ca.
You can also return forms by fax or mail.

**Claim Number:**

PRINT RESET SAVE

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

☐ **Worker**

Worker Name: _____

Phone Number: _____

☐ **Representative**

Representative Name: _____

Representative Business/Firm Name: _____

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.

☐ I acknowledge 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.

☐ **IMPORTANT: Claim file copies are provided in digital format and will be delivered through ShareFile secure file transfer. Please enter your email address twice to confirm where your claim file should be sent.**

Email Address: _____ Confirm Email Address: _____

☐ I acknowledge and agree to receive my claim file digitally via ShareFile.

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

Date: _____ Date: _____
(MM/DD/YYYY)

**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.**