WCB / NOVA SCOTIA

WCB Nova Scotia
200-137 Venture Run
Dartmouth, NS B3B 0L9

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

Firefighter Cancer Claim
(Surviving Spouse)

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 # _____

Important Message

As the surviving spouse of the deceased firefighter, please provide the following information and complete the attached Firefighter Cancer Claim form. Please contact us if you require assistance.

Surviving Spouse's Personal Information

Last Name: _____ First Name and Initial: _____ Date of Birth: D___M___Y_____

Address: _____ SIN: ____/____/____

Postal Code: _____ Telephone #: _____ Male / Female ☐ ☐ NS Health Card #: _____

General Information

1 The name of the deceased: _____

2 Indicate your relationship with the deceased. Please provide supporting documentation (ie. marriage certificate).

- ☐ Married Date: D___M___Y_____
- ☐ Common Law How Long: _____
- ☐ Other Details: _____

3 Date of Death: D___M___Y_____

4 Was an autopsy performed? ☐ Yes ☐ No

If Yes, where was the autopsy performed: _____

5 Please add any additional comments related to your spouse's cancer:

_____
_____
_____
_____
_____

Declaration and Consent

I declare that all the information provided by me is true and correct to the best of my knowledge.

I consent to the WCB obtaining and distributing any information from MSI/Maritime Medical Care Inc., physicians, health-care professionals, governments, and all or any records pertaining to the deceased's current or prior medical history, examinations, treatments and income that the WCB determines is necessary to process this claim.

_____ ____/____/____

Spouse's Signature Date (DD/MM/YYYY)