WCB / NOVA SCOTIA

Hearing Loss Application

About Work-Related Hearing Loss

Loud noise at work can hurt your hearing over time. If you experienced hearing loss as a result of your work, WCB Nova Scotia is here to help.

What we look at:

- Your exposure to loud noise at work over a period of years.
- A hearing test from a certified audiologist (called an initial audiometric assessment). The test must show your hearing loss has reached a specific level and matches the pattern of noise-induced hearing loss.
- Your employment history in Nova Scotia with covered employers.

What's covered

If your claim is approved, we cover hearing aids and related hearing services.

Steps to apply

Most claims start with a hearing test. Here's what to do:

1. **Get a hearing test (called an initial audiometric assessment) from a certified audiologist**.
   Tell them it's for a WCB hearing loss claim and ask them to send us the results. Once we receive the results, we'll open your claim. WCB pays for this first test. Your clinic can bill us directly.
2. **Ask Service Canada for your work history.**
   Do this at the same time that you complete your hearing test. See page 3 for how to request this information from Service Canada.
3. **Fill out this application form. Keep it until your Service Canada work history arrives.**
4. **Send us your work history from Service Canada and your completed form together.**
   Sign up for a WCB Online account using your claim number, and send us your documents through secure message. Visit onlineservices.wcb.ns.ca/workers. You can also return information by mail:

   WCB Nova Scotia
   200-137 Venture Run
   Dartmouth, NS B3B 0L9
   Toll-free: 1-800-870-3331
   Fax: 902-491-8001

Reminder: We require all three documents listed above to process your WCB claim.

Questions: Visit wcb.ns.ca/hearingloss or scan the QR code below for more information. You can also call us at 1-800-870-3331.

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Service Canada Request: Employment History

We require information about your work history to process your work-related hearing-loss claim. WCB Nova Scotia is unable to access this personal information directly from Service Canada.

To complete your hearing loss application, please request your employment history from Service Canada. You can mail this page to Service Canada to initiate your request.

Once you receive this information, please send it to WCB Nova Scotia. **This information is needed before we can process your application for benefits.**

If you do not receive your information and wish to follow up on this request, Service Canada may be reached by calling 1-800-277-9914 and pressing 0 to speak to an operator.

CONTRIBUTOR CLIENT SERVICES
CANADA PENSION PLAN
SERVICE CANADA
PO BOX 818 STN MAIN
WINNIPEG MB R3C 2N4

To Whom It May Concern:

I have filed a claim with the Workers' Compensation Board of Nova Scotia. I am required to provide a complete history of past employers in order to determine my eligibility for review.

Please provide me with a list of all employers from (year 20) _____ to the present.

Thank you for your assistance.

Yours truly,

_____ _____ _____

Signature | Date (DD/MM/YYYY) | Social Insurance Number

Name: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

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Hearing Loss Application

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.

Please answer every question. This helps us process your claim without delays. We may not cover hearing aids bought before we approve your claim. Need help with the form? Call us.

General Information

WORKER'S INFORMATION			
Last Name:	First Name:	Initial(s):	
Date of Birth (MM/DD/YYYY)	Preferred Pronouns:	Sex: Male Female	
Claimant's Address (APT/UNIT #, CIVIC #, STREET):	City/Town:	Province:	Postal Code:
Health Card Number:	SIN Number:	Telephone Number:	
Have you ever been awarded benefits for hearing loss from any other WCB or agency (e.g. Veterans Affairs)? Yes No If yes, provide the name of the agency: and decision date:			

EMPLOYMENT INFORMATION
Are you still working? Yes No If no, please indicate the date you retired or stopped working:
Have you ever been self-employed? Yes No
If yes: Please provide your business name, date(s) of self-employment and your Canada Revenue Agency Business Number (BN): Business name: Dates of self-employment: Canada Revenue Agency Business Number (BN): Did you have special protection from the WCB? Yes Special Protection number: No Did you draw wages from the company while self-employed? Yes No

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Occupational Work History

Important: We require information about your work history, including information about your exposure to noise, to determine whether you are experiencing hearing loss due to your work environment. This information is important to your claim and must be filled out completely. Please list all the places you have worked both inside and outside of Nova Scotia since the age of 20, starting with your current or most recent employer. If you require any assistance please contact us.

WORK HISTORY							
Name of Employer or Business	Employer site where you worked		Employment dates		Description of work (e.g., plumber, mechanic, truck driver)	Type of noise you were exposed to (e.g., engine noise, heavy equipment)	Length of noise exposure (e.g., 8-hour shift, few hours a week, etc.)
	Province:	City/ Town:	From: (MM/YY)	To: (MM/YY)			

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Medical Information

To review an occupational hearing loss application, we require a diagnostic hearing assessment done by a Certified Audiologist.

MEDICAL INFORMATION
When did you first seek medical attention or advice for your hearing loss? (MM/YYYY) From whom? First Name: Last Name: Type of Health Provider:
Who have you consulted about your hearing problems? Name: Address: Phone Number: Approximate Appointment Date: Specialist (Ears, Nose, Throat): Hearing Clinic – Testing: Occupational Nurse at your workplace: Other:
When did you **first** know your hearing loss may have been caused by noise exposure in your workplace? Date (MM/YYYY): Who told you? (First name, last name, relationship to you)
Please list any hearing tests you had related to your hearing loss, starting with the most recent.

Hearing Clinic or Hospital Name:	Address:	Phone Number:	Date of Treatment:
Hearing Clinic or Hospital Name:	Address:	Phone Number:	Date of Treatment:
Hearing Clinic or Hospital Name:	Address:	Phone Number:	Date of Treatment:
Hearing Clinic or Hospital Name:	Address:	Phone Number:	Date of Treatment:
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MEDICAL INFORMATION, CONTINUED
Do you have ringing or other noise in your ears? Yes No
If yes, which ear: Left Right Both
When did you first notice it? (MM/YYYY)
How often do you notice it (per day): Occasionally Constantly Only in quiet
Have you reported it to a health professional/doctor? Yes No
If yes, please indicate who you saw and when (MM/YYYY)
Have you ever had an ear infection? Yes No **If yes**, which ear: Left Right Both
Do you wear a hearing aid(s)? Yes No
If yes, for which ear: Left Right Both
When was your hearing aid purchased? (MM/YYYY):
Name of business purchased from:

Please check appropriate boxes

Have you ever had any of the following?					**When?**
Ear surgery	Right ear	Left ear	Yes	No	
Ear injury	Right ear	Left ear	Yes	No	
Ear infection	Right ear	Left ear	Yes	No	
Serious head injury			Yes	No	
Stroke			Yes	No	
Diabetes			Yes	No	
Chemotherapy/radiation treatment/cancer			Yes	No	
Meningitis			Yes	No	
Heart disease/heart attack			Yes	No	

Non-Work-Related Noise Exposure

SOURCE OF NON-WORK-RELATED NOISE EXPOSURE:	DETAILS	HEARING PROTECTION
Firearms Yes No	Type of firearm: Right shoulder shot Left shoulder shot	Yes No Partial

Do you participate in any other non-work activities that may have an impact on your hearing, such as hunting, music, auto repair, or scuba diving? Yes No

If yes, what?

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Declaration and Consent

DECLARATION AND CONSENT		
I declare that all of the information found on this form is true and correct, and I elect to claim compensation for the aforementioned condition. This declaration is my authority to the WCB to obtain information from any source, including reports of and from all physicians or hospitals, and all or any records pertaining to my case history, examination and treatment.		
Name of Worker – Please print	Signature of Worker	Date (DD/MM/YYYY)
If applicable: I authorize WCB Nova Scotia to share any information related to this claim to:	Name of Representative:	Relationship

Next Steps

- [ ] 1. Ensure you have a hearing test completed by a certified audiologist and have them send the results to WCB Nova Scotia.
- [ ] 2. Make sure you have submitted the request for your employment history to Service Canada.
- [ ] 3. Make sure you have completed this application form. Keep it until your Service Canada work history arrives and then send both to WCB Nova Scotia.

How to send your documents to WCB Nova Scotia

Sign in to your WCB Online account to submit the application form and Service Canada history as attachments through secure message. Sign up for WCB Online using your claim number at **onlineservices.wcb.ns.ca/workers**.

You can also return your documents by mail:

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