

Submit online for faster service

Send your completed form via secure message through [WCB Online](https://wcb.ns.ca) 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.**