



To request a copy of your claim file, submit the completed form to the contact information listed below. Please **print** when completing the form.

Please send the disclosure to Worker or Representative

Worker information (required)

			Number of pages sent
Worker last name <small>(please print)</small>	Worker first name <small>(please print)</small>	Customer care number	WorkSafeBC claim number
Email address		Please check (✓) the box if you are a worker without email access. <input type="checkbox"/> No email access	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip

Representative information

Representative's last name <small>(please print)</small>		Representative's first name <small>(please print)</small>	
Email address			
Representative's company name <small>(please print)</small>			
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip

Signature

If you are a representative or other requestor, a **signed authorized letter** from the worker must accompany this form, if not previously submitted.

Signature	
Date <small>(yyyy-mm-dd)</small>	Phone number <small>(please include area code)</small>

Note: The information you provide on this form will be used solely for the purpose of disclosing your claim file and is unique to this disclosure only. This is not a change of address form.



Worker last name	First name	WorkSafeBC claim number
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Please submit your completed form by fax or mail to**Disclosures**

Telephone 604.279.7607
Toll-free in BC 1.888.967.5377, ext. 7607
M–F 8:30 a.m. to 4:30 p.m.

Fax

604.233.9777
Toll-free 1.888.922.8807

Mail

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

Information about receiving your claim file

Notification

- You will be notified by email when your claim file is available online for downloading.
- Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

Downloading your file

- For your privacy reasons, we recommend you do not use public access computers (e.g., public library) or a work computer to download your claim file.
- If you do not already have a worksafebc.com online account or need help granting your representative access to your account, please call 604.231.8888 or 1.888.967.5377.
- You will have 60 days to access and download the claim file to your computer from the time you are notified by email.
- It will take approximately five minutes to download your claim file. If you're downloading to a mobile device, please check your data limit as the file size may consume a large amount of data.

Need help?

- Call our Claims Call Centre at 604.231.8888 or 1.888.967.5377 for assistance.