

Click on any field to start editing.

Employer's Request for Copy of Relevant Records in File

Reporting options: 1) WCB online account: wcbask.com 2) Fax: 1.888.844.7773 3) Email: forms@wcbask.com

Claim number: _____

Worker's name: _____

Firm requesting the information: _____

Firm number: _____ Date of decision being appealed: _____

I request copies of the relevant records on file related to the claim above, in which the disputable issue is:

- initial acceptance of claim
- ongoing acceptance of claim
- cost relief (duration/denial)
- pending appeal (worker/employer)
- other (explain) _____

Recipient information

First name: _____ Last name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

I understand the Saskatchewan Workers' Compensation Board must notify the worker of this request and consider any objections the worker may have to it.

I confirm that I am the employer or have been duly authorized to represent the employer as per attached authorization.

In compliance with section 174(3) of *The Workers' Compensation Act, 2013*, I will not use any information contained in the said file(s) for any purpose other than for the purposes of a reconsideration or review of a decision made pursuant to *The Workers' Compensation Act, 2013*, with respect to a worker's claim for compensation, notwithstanding that I may or may not be a party to the reconsideration or review.

A request for your file does not start a process for appeal. If you are interested in appealing, please refer to wcbask.com/employer-appeals.

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Delivery method

You will receive the document package online as a download link through your WCB online account. You will receive a notification by email when the package is ready for you to download.

Please provide the email address where you would like to receive the link.

Email address: _____

If you are unable to receive emails or download your documents online, please indicate this by checking the box below.

I am unable to receive the document package digitally.

By clicking the box, you are choosing to receive a paper copy of your document package. Once the package is prepared, we will print and mail it to your address on file.

Declaration

Name: _____

Signature: _____ Please print and sign before submitting this form through your WCB online account, or by emailing/mailling/faxing it.

Position/title: _____ Phone: _____ Date: _____