



Saskatchewan
Workers'
Compensation
Board

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WROI

Click on any field to start editing.

Request for Copy of File

Name: _____ WCB claim number: _____

Section 173(2) of The Workers' Compensation Act, 2013 (the Act) provides authorization for access to a copy of your file.

To receive a copy of your file, fully complete and return this form to the Workers' Compensation Board.

Sensitive medical information may be sent to your physician rather than directly to you. You will be notified if this occurs.

What would you like to receive

- ☐ A complete copy of my file
- ☐ An updated copy of my file since my last request
- ☐ All medical documents from my file
- ☐ Specific document(s) from my file: _____

If you would like copies of your documents or your entire file sent to your representative please complete the following steps:

Step 1: Please complete Section A below.

Step 2: A completed "Authorization Letter of Representation" is also required prior to document copies being released to your representative. You can find this form on our website www.wcsask.com/workers/worker-resources.

Step 3: Submit your form(s) to the WCB at the address or fax number noted at the top of this form.

If you complete Section A, a copy of your claim will only be sent to the representative you identify.

Section A

Representative's name (please print): _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

Your request for a copy of the file is NOT a request for an appeal.

Date: _____ (MM/DD/YYYY)

Signed: _____ (Your signature)

Name: _____ (Please print)

