



Please complete this form in full and mail or fax to the contacts listed below. When filling in the form, please PRINT.

Worker last name <i>(please print)</i>	First name <i>(please print)</i>	WorkSafeBC claim number
I am considering appealing the decision in the letter dated <i>yyyy-mm-dd</i>		I have appealed the decision in the letter dated <i>yyyy-mm-dd</i>
OR		
Format requested <i>(please select one)</i> Paper <input type="checkbox"/> CD <input type="checkbox"/>		Requestor Worker <input type="checkbox"/> Dependant <input type="checkbox"/> Representative <input type="checkbox"/> Other <input type="checkbox"/>

Please send the disclosure to requestor as follows:

Worker or dependant Worker <input type="checkbox"/> Dependant <input type="checkbox"/>		Dependant name <i>(please print)</i>	
Address line 1		Address line 2	
City	Province	State	Postal code/Zip

OR

Representative name <i>(please print)</i>		Other requestor name <i>(please print)</i>	
Representative company name <i>(please print)</i>		Other requestor company name <i>(please print)</i>	
Address line 1		Address line 2	
City	Province	State	Postal code/Zip

Signature

If representative or other requestor, a SIGNED AUTHORIZATION LETTER from the worker must accompany this form, if not previously submitted.

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

Mailing address

WorkSafeBC
Disclosures Department
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Contact numbers

Telephone 604 279-7607
Toll-free in BC 1 888 967-5377, ext. 7607
Hours of operation 8:30 a.m. to 4:30 p.m., M-F

Fax numbers

Fax 604 276-3102
Toll-free in BC 1 888 922-8807

WorkSafeBC use only

(Do not write in this space)

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Date: SIGNED DATE