WSCC Workers' Safety & Compensation Commission | ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᓪᓕᐅᒃᑯᒫᓂᒃ ᖃᐅᔨᓴᖅᑏᑦ

REQUEST FOR DISCLOSURE

Please complete all sections and return to the address below:

WORKER'S NAME: ____________________________________

SOCIAL INSURANCE NUMBER: ____________________________________

ADDRESS: ____________________________________

____

CLAIM NUMBER ____________________________________

EMPLOYER'S NAME: ____________________________________

☐ **I wish to receive a copy of the above claim file.**

OR

☐ **Send a copy of my above claim file to my representative.**

Representative name: ____________________________________

Address: ____________________________________

____

____________________ ____________________________________

Date **Signature of the worker or dependant**

____

Telephone number including area code

Yellowknife: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596
Toll Free Fax: 1-866-277-3677 • Email: reportsnwt@wscc.nt.ca
or
Iqaluit: 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501
Toll Free Fax: 1-866-979-8501 • Email: reportsnu@wscc.nu.ca

Ce formulaire est disponible en français
ᑖᓐᓇ ᑕᑕᑎᕆᐊᓕᒃ ᐊᑐᐃᓐᓇᖅ ᐃᓄᒃᑎᑐᑦ