

COMPLETE BOTH SIDES OF THIS FORM

WORKER'S CONSENT

I hereby claim compensation for work-related injuries or disease.

Information Sharing – I understand the WSCC uses the above information about me for the sole purpose of conducting an investigation into this claim. I also understand the WSCC will need to gather more information about my work incident and medical and work history to administer my claim. For that specific purpose only, the WSCC may disclose some personal information to employers, medical personnel and other relevant third parties. For more information please read our *Privacy Statement for Workers* at wsc.nt.ca or wsc.nu.ca.

I authorize the WSCC to provide and gather such information from all necessary sources, including hospital and doctors' records, and employer records.

Information Accuracy – I understand incomplete information from me may delay my claim, and untrue information from me is unlawful.

I declare the information above is true and accurate. I understand it may be a criminal offence to make a false claim, or to work and earn income while receiving workers' compensation without telling the WSCC.

DATE	SIGNATURE
DATE	WITNESS

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@wsc.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@wsc.nu.ca

wsc.nt.ca • wsc.nu.ca

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