



This is NOT a change of address form. Please complete form in full and submit via FAX or MAIL to contact listed below. Please PRINT when completing the form.

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

DISCLOSURES
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
604 233-9777
Toll-free in BC **1 888 922-8807**

Worker last name <i>(please print)</i>	First name <i>(please print)</i>	Customer care number	WorkSafeBC claim number
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"/>	

Please send the disclosure to requestor as follows:

Worker or dependant Worker <input type="checkbox"/> Dependant <input type="checkbox"/>	Dependant last name <i>(please print)</i>	Dependant first name <i>(please print)</i>	
Address line 1		Address line 2	
City	Province/State	Country <i>(if not Canada)</i>	Postal code/Zip

OR

Representative last name <i>(please print)</i>		Representative first name <i>(please print)</i>	
Representative company name <i>(please print)</i>			
Address line 1		Address line 2	
City	Province/State	Country <i>(if not Canada)</i>	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>

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.

