

Workers Election Form

THE WORKERS' COMPENSATION ACT OF SASKATCHEWAN, 1979 ELECTION TO CLAIM UNDER PART III OF ACT (Injury Outside Saskatchewan)

Social Insurance Number _____

Claim Number _____

I, _____, was injured or suffered an occupational disease on
(Your Full Name)

_____ in the province (or State) of _____,
(Date Injured [Month, Day, Year])

while working for _____.
(Employer's Company Name)

I understand I need to decide if I will file a claim under *The Workers' Compensation Act of Saskatchewan, 1979* or claim compensation (or damages) using the laws of the Province (or State) where my injury occurred.

I have decided to claim compensation for my injury under *The Workers' Compensation Act of Saskatchewan, 1979*.

Should my claim be accepted, I waive and forego any rights to compensation with any other jurisdiction, and will not apply for nor accept any benefits from such other jurisdiction unless released to do so by the Saskatchewan Workers' Compensation Board.

DATED this _____ day of _____, _____
(Day: DD) (Month) (Year: YYYY)

SIGNED: X _____
(Your Signature)

WITNESSED in the presence of:

X _____
(Witness' Signature)

X _____
Witness' Name (please print)