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APPENDIX A

The Workers' Compensation Act of Saskatchewan  
Election to Claim Under Part IV of Act

Name: \_\_\_\_\_ FIRST, LAST \_\_\_\_\_ Claim number: \_\_\_\_\_ XXXXXXXX \_\_\_\_\_  
Date of birth: \_\_\_\_\_ MM/DD/YYYY \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

As a result of your work injury, you may have the right to elect to claim compensation under either the Saskatchewan Workers' Compensation Act, 2013 or the law of another province or territory.

You must complete this election form and return it to the Board if:

- (1) Your work injury occurred outside of Saskatchewan and you are a Saskatchewan resident or your usual place of employment in which you were engaged is in Saskatchewan; or
- (2) Your work injury occurred in Saskatchewan and you are not a resident of Saskatchewan.

You should consider this matter carefully and if you decide to claim compensation under the Saskatchewan Act, you must complete the election portion of this form and return it to the Saskatchewan WCB. If you do not return this form within three (3) months of the injury date, you will be deemed to have elected not to claim compensation under the Workers' Compensation Act, 2013.

**Election to Claim Under the Saskatchewan Act**

I, \_\_\_\_\_ FIRST, LAST \_\_\_\_\_ sustained personal injury or occupational disease  
(Name)  
on \_\_\_\_\_ in the province of \_\_\_\_\_, while in the  
(Date) (Province)  
employ of \_\_\_\_\_.  
(Employer)

I must choose whether I will elect to claim compensation under The Workers' Compensation Act of Saskatchewan, 2013 or, claim compensation under another jurisdiction.

Having considered the matter, I elect to claim compensation for this injury under The Workers' Compensation Act, 2013 of Saskatchewan.

Should my claim be accepted, I waive and forego any rights to compensation in any other jurisdiction, and will not apply for or accept any benefits from such other jurisdiction unless authorized to do so by the Workers' Compensation Board of Saskatchewan.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature worker or dependent: \_\_\_\_\_

Witness' name: \_\_\_\_\_ FIRST, LAST \_\_\_\_\_ Witness' signature: \_\_\_\_\_  
(Please print) (Please print & sign form before mailing/faxing.)

