



Click on any field to start editing.

Worker's Request for Copy of File

WCB claim number: _____

Name: _____

Reporting options: 1) WCB online account: wcbask.com 2) Fax: 1.888.844.7773 3) Email: forms@wcbask.com

The worker's release of information form is completed to allow the Saskatchewan Workers' Compensation Board (WCB) to provide a copy of the file to you or your representative.

To receive a copy of your file, fully complete and return this form to the WCB.

Sensitive medical information may be sent to your physician rather than directly to you. You will be notified if this occurs.

What would you like to receive?

- a complete copy of my file
- an updated copy of my file since my last request
- all medical documents from my file
- specific document(s) from my file

If you would like copies of your documents or your entire file sent to your representative, please complete the following steps:

- Step 1:** Please complete Section A below.
- Step 2:** A completed Authorization Letter of Representation form is also required prior to document copies being released to your representative. You can find this form on the WCB's website wcbask.com/documents/authorization-letter-representation-wrep.
- Step 3:** Submit your form(s) to the WCB online through your WCB online account or by emailing, mailing or faxing as noted at the top of this form.

If you complete Section A, a copy of your claim will only be sent to the representative you identify.

Section A

Representative's name: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Phone: _____

Email: _____

A request for your file does not start a process for appeal. If you are interested in appealing, please refer to wcbask.com/worker-appeals.



Saskatchewan
Workers'
Compensation
Board

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Toll free: 1.800.667.7590
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WROI

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Delivery method

You will receive the document package online as a download link through your WCB online account. You will receive a notification by email when the package is ready for you to download.

Please provide the email address where you would like to receive the link.

Email address: _____

If you are (or the representative is) unable to receive emails or download your documents online, please indicate this by checking the box below.

I am unable to receive the document package digitally.

By clicking the box, you are choosing to receive a paper copy of your document package. Once the package is prepared, we will print and mail it to your address on file.

Declaration Information

Name: _____ Date: _____ (MM/DD/YYYY)

Signature: _____ **Please print and sign before submitting this form through your WCB online account, or by emailing/ mailing/ faxing it.** Phone: _____