



WORKERS' ADVOCATE  
**AUTHORIZATION FOR REPRESENTATION  
AND DISCLOSURE**

Personal Information			
First name	Last name		
Address	City	Prov/Terr	Postal code
WCB Claim Number	Phone		

I, \_\_\_\_\_, hereby authorize the Workers' Advocate to act and make any representations on my behalf in all matters pertaining to the *Workers' Safety and Compensation Act* and the Workers' Safety and Compensation Board Yukon concerning my claim for workers' compensation.

Pursuant to section 156 of the S.Y. 2021 *Workers' Safety and Compensation Act*, I authorize and direct the Workers' Safety and Compensation Board Yukon to furnish any or all information regarding my compensation claim to the Workers' Advocate, and I authorize and direct all persons, including physicians, hospitals and other medical care professionals, to furnish any or all information, reports and material concerning the care of myself, whether personal or medical, to the Workers' Advocate, at Q-1 P.O. Box 2703, Whitehorse, Yukon Y1A 2C6; Telephone: 867-667-5324; Fax: 867-393-6346.

I understand the above information obtained under section 156 of the S.Y. 2021 *Workers' Safety and Compensation Act* shall be used solely for the purpose of reviewing or appealing matters respecting the above claim. Use of this information for any other purpose is an offence under the Act and may be subject to prosecution.

This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, whichever is earliest.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date