



CONSENT FOR EMAIL COMMUNICATION OF PERSONAL INFORMATION

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca
Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

Please complete and send to the Workers Compensation Board via mail, fax or email.
WCB email addresses are available on the WCB website, www.wcb.pe.ca

I, _____ (*print full name*), wish to communicate with the Workers Compensation Board (WCB) of Prince Edward Island by email.

My email address is: _____
(*print in CAPITAL LETTERS*)

I understand that:

- I must send an initial email message to the WCB as verification of my email address.
- The WCB cannot guarantee the security of email messages that I send or receive, and that interception by a third party is possible.
- The WCB must limit the type of personal and sensitive information that is communicated by email to reduce the impact of any breach in security.
- I am responsible for updating the WCB on any changes to my email address. If my address changes I will complete another consent form.
- I can revoke this authorization at any time, but not retroactively. This authorization is in effect until written notice to revoke authorization has been received by the WCB .

Name:

Claim # (*if applicable*)

Signature:

Date: