



Workers Compensation Board of PEI

Request For Release Of Employer Assessment File - Form E

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

SECTION A: EMPLOYER INFORMATION

Employer Name:	Firm Number:
Address:	Phone Number:
City/Province:	Postal Code:

SECTION B: REQUEST DETAILS

<input type="checkbox"/> I hereby request that the WCB forward a copy of my employer assessment file(s) to me.	<input type="checkbox"/> to be mailed	<input type="checkbox"/> to be picked up
<input type="checkbox"/> I hereby authorize the WCB to forward a copy of my employer assessment file(s) to my representative noted below. I also authorize the WCB to discuss my employer assessment file(s) with my representative and provide the representative with a copy of new information that is received on the employer assessment file(s). I understand this authorization will remain in effect until I notify the WCB that it is no longer in effect.	<input type="checkbox"/> to be mailed	<input type="checkbox"/> to be picked up

Name of Representative:

Address of Representative:

SECTION C: AUTHORIZATION

The undersigned confirms that he/she is the employer or is authorized by the employer to access and control the information to be released.

Print Full Name:	Position:
Signature:	Date Signed:

Personal information on this form is collected in accordance with section 31 of the Freedom of Information and Protection of Privacy Act for the purpose of administering file releases. For further information about the collection of personal information, please contact the Workers Compensation Board's FOIPP Coordinator at P.O. Box 757, Charlottetown, PE, C1A 7L7 or telephone (902) 368-5680.

Employer assessment file information will be released in accordance with the Workers Compensation Board Policy, POL-18, Access To Information – Employer Assessment Files and the Freedom of Information and Protection of Privacy Act.