



# Authorization for WorkSafeBC

Return To ICBC  
PO BOX 2121, STN TERMINAL  
VANCOUVER BC V6B 0L6

Fax 1-877-686-4222



CLAIM NUMBER	ADJUSTER NAME	EMPLOYEE NUMBER
CLAIMANT NAME	PERSONAL HEALTH NUMBER	DATE OF BIRTH (ddmmmyyy)

### To whom it may concern:

I, \_\_\_\_\_, authorize WorkSafeBC to provide any representative of the Insurance Corporation of British Columbia upon presentation of this authorization or photocopy thereof, records in my claim files in their possession covering the period from \_\_\_\_\_ up to and including \_\_\_\_\_.

In addition, if the records and/or reports produced pursuant to paragraph (1) refer to claims from an earlier date, I authorize the production of all records and reports relating to those earlier claims as well.

Information collected with this form is done so in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act* and Section 9 of the *Insurance Corporation Act*. This information will be used primarily in the evaluation and settlement of your current claim. There is also a possibility it will be referenced on future claims you may have.

**This authorization will expire two years from the date it is signed.**

**This is not a release of claim for damages.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE SIGNED

Questions about this collection of personal information should be directed to your adjuster or you may also contact ICBC's privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9 or call 604-661-2800.