

The Workplace Health, Safety and Compensation Act, 2022 of Newfoundland and Labrador

WorkplaceNL Claim Number _____

Worker's Name _____ Date of Birth _____

Address _____ Social Insurance # _____

Telephone # _____I _____ sustained personal injury or occupational disease on the _____ day
of _____, in the Province (or Territory, State, etc.) of _____

while in the employ of _____

OR (in case of a death)I am a dependent of _____, who died on the _____ day of
_____, as a result of a work-related injury or an occupational disease sustained in the
Province (or Territory, State, etc.) of _____I must choose whether I will claim compensation under the Workplace Health, Safety and Compensation Act, 2022 of
Newfoundland and Labrador or claim compensation (or damages) under the law of the Province (or Territory, State, etc.)
where the injury (or occupational disease or fatality) occurred.Having considered the matter, I elect to claim compensation for this injury (or occupational disease or fatality) under the
Workplace Health, Safety and Compensation Act, 2022 of _____Should my claim be accepted, I waive and forego any rights to compensation in any other jurisdiction, and will not apply
for or accept any benefits from such other jurisdiction unless authorized to do so by WorkplaceNL of Newfoundland
and Labrador.I understand this election to claim compensation will be forwarded to the Compensation Board in the Province
(or Territory, State, etc.) where the injury (or occupational disease or fatality) occurred.

Dated this _____ day of _____, _____, at _____

(Signature)