

**ELECTION TO CLAIM UNDER THE AB WCB  
(AB Accident, Out of Province Resident)**

**In order that we may proceed with this claim, please complete and return this form without delay.**

		Date of Accident (YYYY/MM/DD)	Claim Number:		
Worker's Surname	First Name		Initial	Date of Birth (YYYY/MM/DD)	
Address	City/town	Province	Postal Code	Telephone Number	

We have information that you reside outside the Province of Alberta but were injured on the date shown above in a work-related accident within Alberta.

Pursuant to Section 29 of the *Workers' Compensation Act* of Alberta (the "WCA") and Section 4.1 of the Interjurisdictional Agreement on Workers' Compensation, you may have the right to claim compensation under the WCA of Alberta, or alternatively to claim compensation or another remedy under the law of the place in which you reside.

You should consider this matter carefully and you may wish to contact the workers' compensation agency in the province of territory where you reside in order to determine your rights there. If you decide to claim compensation in Alberta, you should complete the election portion of this form and return it.

If we have not heard from you within thirty days, we will assume that you do not wish to claim in Alberta and we will take no further action in this matter.

**ELECTION TO CLAIM UNDER THE AB WCB**

In the matter of injuries resulting from an accident that happened on \_\_\_\_\_ at or near \_\_\_\_\_ I elect to claim compensation under the Workers' Compensation Act of the Province of Alberta. 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 the Workers' Compensation Board of Alberta.

I have read and understand the provisions of Section 29 of the WCA and Section 4.1 of the Interjurisdictional Agreement .

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at \_\_\_\_\_**

**Worker's Social Insurance Number \*** \_\_\_\_\_

**Signature Worker or Dependent** \_\_\_\_\_

**Witness Name** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

This information is requested in accordance with Section 36 of the Workers' Compensation Act.

\* Optional

# **THE WORKERS' COMPENSATION ACT**

## **EXTRACT FROM SECTION 29 (1)**

### **Agreements with other provinces or territories**

**29 (1)** The Board may enter into an agreement with the workers' compensation board or similar body in another province or territory to provide for the payment of compensation for injuries to workers who are employed under conditions such that part of the work incidental to the employment is performed in Alberta and part of the work is performed in that other province or territory, in order to ensure that those workers or their dependants receive compensation either in conformity with this Act or in conformity with the Act in force in the other province or territory relating to workers' compensation and to avoid a duplication of assessments.

## **EXTRACT FROM SECTION 36**

### **Board's entitlement to information**

**36** The Board may require from any person entitled to compensation, whether a worker or dependant, particulars of that person's place of residence, address and other information relative to the disability and compensation, that it considers necessary, and pending the receipt of those particulars the Board may withhold compensation payments.

1981 cW-16 s31

## **INTERJURISDICTIONAL AGREEMENT ON WORKERS' COMPENSATION**

## **EXTRACT FROM SECTION 4.1**

### **Election by Beneficiary**

**4.1** Where there may be entitlement to benefits in more than one jurisdiction, the beneficiary shall be required by the Adjudicating Board to elect not to claim from other jurisdictions if the claim is accepted, and the Adjudicating Board shall advise the other jurisdictions where the claim could be made, of the election, adjudication and disposition of the claim.