

Box 2415
Edmonton AB T5J 2S5
Tel (780) 498-3999
Email claimcosttransfer@wcb.ab.ca

To initiate a claim cost transfer, please complete this form:

Applicant employer:			
Company name:		WCB account number:	
Contact name:		Telephone number:	
Email address:			
Mailing address:			
City/Province:		Postal code:	

Name(s) of your injured worker(s):	WCB claim number(s)

Accident details:	
Date of accident:	
Address:	
City / Province:	

Respondent employer:			
Company name:		WCB account number:	
Contact name:		Telephone number:	
Email address:			
Mailing address:			
City/Province:		Postal code:	



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Summary of negligence

WCB-Alberta recognizes the term ‘negligence’ as *“the failure to do, or not do, what a reasonable person would do, or not do, in the same or similar circumstances.”*

Thinking about the definition of ‘negligence’, describe the specific action that the respondent or the respondent’s worker did or did not do that caused injury to your worker. If applicable, specify the Alberta legislation and accepted industry standards that were not met.

Statement is attached

Indicate which of the following supporting documents are attached to this submission:

- Incident / Safety investigation report
- Alberta Collision Report / Police or RCMP occurrence report (if available)
- Photographs / diagrams (must be emailed or mailed, no faxes please)
- Witness statements
- Other: _____

***Please include your WCB account number on all submissions**

The undersigned confirms that he/she is an Authorized Officer/Representative of the applicant employer and acknowledges the respondent employer will be contacted regarding the allegation.

Applicant printed name:	
Applicant signature:	Date:

