

February 17, 2011

<ADDRESSEE\_NAMEUC>  
<ADDRESSEE\_LINE1>  
<ADDRESSEE\_LINE2>  
<ADDRESSEE\_LINE3>  
<ADDRESSEE\_ADDRESS>

<LoggedInUser\_RegionAddtlAddrLine>  
<LoggedInUser\_RegionStreet>  
<LoggedInUser\_RegionCity>  
<LoggedInUser\_RegionProvinceShort>  
<LoggedInUser\_RegionPostalCode>

**Claims Contact Centre:** (780) 498-3999  
(403) 517-6000

**Toll Free in Alberta:** 1-866-WCB-WCB1  
(1-866-922-9221)

**Outside Alberta:** 1-800-661-9608

**Fax:** (780) 427-5863

**Toll Free Fax:** 1-800-661-1993

**WCB website:** www.wcb.ab.ca

Dear <Claimant\_NameTitle> <Claimant\_LastName>:

**Claim Number:** <Claim\_Number>

**Date of Accident:** <Claim\_DateOfAccident>

**Part of Body:**           

\*\*\*print manually and add attachments\*\*\*

\*\*\*Option 1 –injuries occurring out of AB\*\*\*

I am writing because the Workers' Compensation Board – Alberta (WCB) has received information that you were involved in a OR an »insert type of accident, i.e, motor vehicle accident outside of Alberta.

I will be investigating your claim to ensure I have all historical and relevant information that pertains to or has an impact on your injury or condition. This information will help me determine your entitlement to the appropriate benefits and services.

As it appears this accident happened in another province's jurisdiction, to claim with our Board you must meet the following criteria:

- You must be a resident of Alberta or your usual place of employment must be in Alberta.
- You are required to perform your work both in and out of Alberta.
- Your employment outside of Alberta is a continuation of the work in Alberta.
- Your employment outside Alberta has not lasted more than twelve (12) consecutive months (except where your employer has specifically applied to extend this period).

You may be eligible to claim compensation in either the province in which you were injured or live. Please consider this choice carefully because you cannot receive benefits from both jurisdictions.

If you choose to claim in Alberta, you must complete, sign and return the attached *Election to Claim Under the Act* form. **\*\*\*(C-169 for injuries occurring outside the Province of Alberta)\*\*\***

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**Please include the appropriate claim number on all correspondence.**

CL058AFC

\*\*\*end of Option 1\*\*\*

\*\*\*Option 2 – Non AB residents injured in AB\*\*\*

I am writing because the Workers' Compensation Board – Alberta (WCB) has received information that you were involved in a OR an »insert type of accident, i.e, motor vehicle in Alberta but you are a resident of resident province.

I will be investigating your claim to ensure I have all historical and relevant information that pertains to or has an impact on your injury or condition. This information will help me determine your entitlement to the appropriate benefits and services.

You may be eligible to claim compensation in either the province in which you were injured or the province in which you live. Please consider this choice carefully because you cannot receive benefits from both jurisdictions.

Section 38(1) of the Workers' Compensation Act of Alberta states in part:

A worker claiming compensation or to whom compensation is payable under this Act shall, if the Board requires it, undergo a medical examination by a physician selected by the Board and at a time and place determined by the Board and the Board shall pay the costs of that examination.

If you choose to claim in Alberta, you may be required to travel to Alberta as per s.38 of the act, at the request of WCB at any time. You would also be responsible to forward all medical information pertaining to your work injury to your Alberta claim. To claim in Alberta, you must complete, sign and return the attached form to elect to claim in Alberta. **\*\*\*<C-1040 for non-AB resident who had an accident in AB>\*\*\***

\*\*\*end of Option 2\*\*\*

### **Additional information required**

Please complete the enclosed Worker's Report of Injury or Occupational Disease if you have sustained a work injury.

### **Follow-up information**

I am unable to process this claim in Alberta unless the information is received. If you wish to claim in Alberta, please return the completed form by <Default\_CurrentDatePlusTwoWeeks>.

Please call me if you have any questions. My direct line is <Sender\_DirectDial>, or call one of the main numbers listed on the first page of this letter.

For more information about the WCB and our services, please visit our website at:  
[www.wcb.ab.ca](http://www.wcb.ab.ca)

Yours truly,

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***Please include the appropriate claim number on all correspondence.***

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Name: <Claimant\_FullName>

Claim Number: <Claim\_Number>

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<Sender\_Signature>

<Sender\_FullName>

<Sender\_JobTitle>

Encl. \*\*\*attach Worker's Report of Injury, and either (C-169 for AB resident who had an out of province accident OR C-1040 for non-AB resident who had an accident in AB)\*\*\*

<CC\_Recipients>

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***Please include the appropriate claim number on all correspondence.***