

## Information required to determine if a claim has been established

Provinces/Territories	Worker's name	Date of work-related injury	Location of work-related injury	Type of injury	Employer's name	SIN	Worker's address	Worker's telephone number	Date of birth	Employer's address
Alberta	X	X					X		X	
British Columbia	X	X	X		X				X	
Manitoba	X	X	X		X				X	
New Brunswick <sup>1</sup>	X	X	X		X					
Newfoundland and Labrador	X	X	X		X				X	
Northwest Territories and Nunavut	X	X	X		X	X			X	
Nova Scotia	X	X	X		X	Only if no date of birth			X	
Ontario	X	X	X		X				X	
Prince Edward Island	X	X	X		X					
Quebec	X	X				X			X	
Saskatchewan	X	X	X	X	X	X or PHN	X		X	X
Yukon	X	X	X		X				X	

<sup>1</sup> New Brunswick also requires the worker's signature and choice of election.