LiUNA! Pension Fund
OF CENTRAL AND EASTERN CANADA

WORKERS' COMPENSATION BOARD AUTHORIZATION FORM

MEMBER INFORMATION

Social Insurance Number	Date of Birth (yyyy/mm/dd)	Home Local	Gender

Last Name	First Name	Middle Name

Address	Apt/Suite #

City	Province	Postal Code	Country

Email	Primary Phone	Other Phone

Claim Number(s)	Date of Injury (yyyy/mm/dd)	Name of Employer

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

I, _____ (print name) hereby authorize the LiUNA Pension Fund of Central & Eastern Canada (LPF) to request any information from the Workers' Compensation Board of Nova Scotia concerning my absence(s) from work as identified above as a result of a work-related injury or disability and authorize the Workers' Compensation Board of Nova Scotia to provide LPF with this information.

Signature	Date (yyyy/mm/dd)

Office Address: 1315 North Service Road East - 6th Floor, Oakville, ON L6H 1A7
Mailing Address: PO Box 9002, Lakeshore West PO, Oakville, ON L6K 0G1
P: 289-291-3663 | 1-866-932-1100 | **Fax:** 289-291-0651
E: pension_fund@lpfcec.org | **www.lpfcec.org**