WORKERS' COMPENSATION BOARD
Northwest Territories and Nunavut

Employer's Report of Fatal Accident

WCB Claim Number	Rate No

WORKERS LAST NAME				FIRM NAME
WORKERS FIRST NAME				MAILING ADDRESS
FULL ADDRESS				PLANT DEPARTMENT OR WORKS WHERE WORKER EMPLOYED / PHONE NO.
				DATE AND HOUR OF ACCIDENT YY AT A.M. P.M. / DATE AND HOUR OF DEATH YY AT A.M. P.M.
AGE	SEX	MARITAL STATUS	SOCIAL INSURANCE NO.	DATE AND HOUR REPORTED YY AT A.M. P.M.
DATE ENTERED YOUR EMPLOY			OCCUPATION	NAME AND ADDRESS OF ATTENDING DOCTOR OR CORONER

HISTORY OF ACCIDENT

QUESTIONS ANSWERED "YES" REQUIRE COMPLETE EXPLANATION USE BACK OF FORM IF NECESSARY

Question	Yes	No
Was the deceased worker the owner or partner in the business or a contractor, sub-contractor or relative of the employer? Did worker hold the office of President, Vice-President, Director, secretary or Treasurer?	☐ Yes	☐ No
Did the accident occur outside of the Northwest Territories or Nunavut?	☐ Yes	☐ No
Was worker, at the time of accident, doing work other than for the purpose of the employer's business?	☐ Yes	☐ No
Was any person not in your employ to blame for or involved in the accident?	☐ Yes	☐ No
In your opinion, is there any reason why compensation should not be paid?	☐ Yes	☐ No

LIST DEPENDENT MEMBERS OF THE FAMILY, SHOWING NAMES, ADDRESSES AND RELATIONSHIP, GIVE NAME AND ADDRESS OF NEXT OF KIN (STATE RELATIONSHIP)

Show worker total earnings for one year (52 weeks) or for the shorter time he/she was in the same grade of work prior to the accident.

Total Earnings $ ____________ YY ________ TO ____________ YY ________

Show lost time without pay and cause for this period. No. of days

Holidays	Sickness	Lack of work	Other (specify)

Date of lay-off	Wages paid day of lay-off	Normal pay on day of lay-off	Give particulars of any payment allowance or benefit made or to be made in connection with this accident.
Normal working hours on day of lay-off			
Date	Official title		Signature

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596

or

❑ Box 669 • Iqaluit, NT X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501

❑ Box 368 • Rankin Inlet, NT X0C 0G0 • Telephone: (867) 645-5600 • Toll Free: 1-877-404-8878 • Fax: (867) 645-5601

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Ce formulaire est disponible en français.
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