

Complete this disclosure statement if you plan to perform informal home care services for a worker (the client) receiving WorkSafeNB benefits.

**IMPORTANT: SAVE THIS FORM TO YOUR COMPUTER BEFORE YOU START ENTERING INFORMATION.  
 Do not complete this form from an online browser.**

This form identifies you as the client’s caregiver and provides the necessary information to allow the client to claim your receipts as eligible medical expenses. Informal home care services are personal tasks that a person cannot do for themselves. See more information: [Policy 25-003 - Home Care and Independence](#).

WorkSafeNB takes the protection of your privacy seriously. Your personal information, including your social insurance number, is collected pursuant to Section 37(2)(a)(i) of the *Right to Information and Protection of Privacy Act* (RTIPPA). It is necessary for the administration of medical expenses and for meeting our reporting obligations from the Canada Revenue Agency. Your information will only be used and disclosed for the purpose for which it is being collected.

WorkSafeNB adheres to all applicable privacy legislation and regulation related to protecting the confidentiality and security of personal information. Read our [Access to Information and Privacy](#) statement. For questions or concerns regarding the collection of your information, call 506 632-2837.

## Client's information

Client's first name	Client's last name	Client's claim number
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## Your information

First name	Last name	Social insurance number
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## Declaration and consent

- I declare that the information provided is true and correct.
- I certify that I am not the spouse/common-law partner OR a minor under 18 when the care was/is provided.

Name	Signature	Date (yyyy-mm-dd)
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To submit your disclosure by email, attach the completed document and state “Caregiver Disclosure Statement” in the subject line, then send to [documents@ws-ts.nb.ca](mailto:documents@ws-ts.nb.ca). WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB’s [Access to Information and Privacy](#) statement.

You can also submit your *Caregiver Disclosure Statement* by mail or fax.

**Mail**  
 WorkSafeNB  
 1 Portland Street  
 PO Box 160,  
 Saint John, NB E2L 3X9

**Fax**  
 Toll-free 1 888 629-4722

**Questions?**  
 Toll-free 1 800 999-9775  
 M–F, 8 a.m. to 4:30 p.m.