



Request for Information from ICBC

The Employee Consent section and the bottom section can be filled in online before printing and signing.

To ICBC

Attention _____ Fax #: _____

Employee Consent

EE # _____

Name _____ S.I.N. _____

ICBC Claim # _____ Date of Accident _____

Adjuster's Name _____ Adjuster's Phone # _____

I consent to the disclosure of all information regarding my claim with the Insurance Corporation of British Columbia (ICBC) to Community Living Society (CLS). I understand that the information will be used in the administration of my claim for sick pay benefits.

Signature _____ Date _____

The following section is to be completed by ICBC

1. Has a tort settlement been reached? Yes No

If yes, please provide the settlement date.

2. Did the settlement include amounts for reimbursement of sick pay used from the CLS? Yes No

3. How much of the tort settlement was paid for sick pay used from the CLS? If the exact amount is not known due to a global settlement please provide an estimate of the amount paid for sick pay used?

4. What period of time does the sick pay settlement represent?

From _____ To _____

Additional Information/comments

ICBC Adjuster _____ [Please Print] Phone # _____ [Include your extensions/local]

Signature _____ Date _____

Requested by: _____ [Please Print] Phone # _____

Email _____ Fax # _____