

**You must complete, sign and return this form to WCAT within 90 days of the Reopening decision being appealed.** Make sure that you answer every question. We only require the basic information on this form to start your appeal. You will have an opportunity later on to provide more information to support your appeal. If you are sending this form after the 90 day time limit you also need to apply for an extension of time to appeal. You can find the *Application for an Extension of Time to Appeal* on our website ([www.wcat.bc.ca](http://www.wcat.bc.ca)) under the Forms tab, or call us and we will send you the form.

### 1. WORKER CLAIM INFORMATION

Worker Last Name	Worker First Name	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
WorkSafeBC Claim Number(s)	WorkSafeBC Customer Care # (if known)	
Date of WorkSafeBC Decision(s) you are appealing (YYYY-MM-DD)	Please attach a copy of the first page of the WorkSafeBC Decision(s). <input type="checkbox"/> Copy is attached	

### 2. INFORMATION ABOUT YOU (APPELLANT)

To keep your appeal active you must tell us about changes in this information.

<input type="checkbox"/> I am the worker	Worker BC Care Card #		
<input type="checkbox"/> I am the employer	Employer Firm Name	Job Title of Employer Contact named below	
<input type="checkbox"/> I am the dependant of a deceased worker			
My Last Name	My First Name	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.	
Mailing Address			
City/Town	Province	Postal Code	
Telephone (Daytime) ( )	Telephone (Other) ( )	Fax Number ( )	

### 3. REASON FOR APPEAL

Provide a brief answer for each Reopening decision you wish to appeal.

The decision is wrong or should be changed because:

(please attach additional page(s) if necessary)

### 4. RESULT/BENEFITS REQUESTED FROM APPEAL

Provide a brief answer for each Reopening decision you wish to appeal.

I request the following result or benefits from this appeal:

(please attach additional page(s) if necessary)

### 5. WorkSafeBC DISCLOSURE

Your copy of the WorkSafeBC file will be sent in CD format unless you request a paper copy.

CD COPY  PAPER COPY

<b>6. METHOD OF APPEAL</b> WCAT will decide how your appeal will proceed. Please indicate your preference below:	
<input type="checkbox"/> In writing (through written submissions) <input type="checkbox"/> Verbally (at an oral hearing)	
If requesting an oral hearing, tell us why an oral hearing is necessary:	
If WCAT decides to hold an oral hearing, I would like it to take place in: <input type="checkbox"/> Castlegar <input type="checkbox"/> Cranbrook <input type="checkbox"/> Kamloops <input type="checkbox"/> Nanaimo <input type="checkbox"/> Richmond <input type="checkbox"/> Victoria <input type="checkbox"/> Courtenay <input type="checkbox"/> Fort St. John <input type="checkbox"/> Kelowna <input type="checkbox"/> Prince George <input type="checkbox"/> Terrace <input type="checkbox"/> Williams Lake	
<b>NOTE:</b> WCAT provides professional interpreters. Family and friends may not interpret for you. If an oral hearing is held, do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes the language I speak is _____ Dialect _____	
If an oral hearing is held, do you plan to bring any witnesses to the hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>7. REPRESENTATION</b> You may appoint one person or an organization to represent you or choose to represent yourself. Please indicate your choice below.			
Will you be representing yourself? <input type="checkbox"/> Yes (go to next section) <input type="checkbox"/> No (please choose one of the following):			
<input type="checkbox"/> I want to appoint an organization as my representative		Name of Organization	
<input type="checkbox"/> I want to appoint one person to represent me		Relationship to Person (e.g. family member or friend)	
Last Name of Representative/Organization Contact		First Name of Representative/Organization Contact	
		<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.	
Mailing Address		City	Province
		Postal Code	
Telephone (Daytime) (    )	Telephone (Other) (    )	Fax Number (    )	
This form must be signed by the appellant or an authorized representative. If signed by an authorized representative we need an authorization less than 2 years old signed by the appellant. An <i>Authorization of Representative</i> form can be found on our website ( <a href="http://www.wcat.bc.ca">www.wcat.bc.ca</a> ).			
That authorization <input type="checkbox"/> is enclosed. <input type="checkbox"/> is on the WorkSafeBC file.			

<b>8. CERTIFICATION AND AUTHORIZATION</b>	
I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active. I authorize my representative named above to act on my behalf in this appeal.	
<b>For workers:</b> I authorize disclosure of my claim file(s) and information relating to this appeal to WCAT, my representative, and other parties to this appeal for the purposes of this appeal and as allowed under section 260 of the <i>Workers Compensation Act</i> . I also authorize WCAT to obtain or view from any source a copy of my employment or medical records of any other documents that may relate to the Reopening decision.	
Signature of appellant or authorized representative	Date Signed: (YYYY-MM-DD)
X	

<b>9. FORM CHECK-LIST</b>
<input type="checkbox"/> Number of additional pages attached? ____ <input type="checkbox"/> Did you provide Worker Last Name and WorkSafeBC Claim Number(s) on the top of this page?
<input type="checkbox"/> Did you attach a copy of the first page of the WorkSafeBC decision(s) you wish to appeal?
<input type="checkbox"/> If your appeal is later than 90 days, did you attach a completed <i>Extension of Time to Appeal</i> form (found at <a href="http://www.wcat.bc.ca">www.wcat.bc.ca</a> or call us for one)?
<input type="checkbox"/> Have you signed in Box 8 above?
<input type="checkbox"/> Did you answer all questions? Call us if you need help filling out this form. Send this form as soon as it is complete.

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further privacy information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form.