

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1

Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898 Website: www.wcat.bc.ca

You are not required to have a representative for workers' compensation matters. However, if you want someone to act as your representative, this form authorizes the Workers' Compensation Appeal Tribunal (WCAT) and WorkSafeBC (the Workers' Compensation Board), including the Review Division, to give confidential information about you or your business to your representative.

1. APPEAL INFORMATION

WorkSafeBC File/Firm #(s)	WCAT No.(s)
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2. INFORMATION ABOUT YOU

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

<input type="checkbox"/> I am the worker		<input type="checkbox"/> I am the dependant of a deceased worker		<input type="checkbox"/> I am other _____	
<input type="checkbox"/> I am the employer	Employer Firm Name		Job Title of Employer Contact Person named below		
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. REPRESENTATIVE

You may appoint one person or an organization to represent you. Please indicate your choice below.

<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 ()

4. SCOPE OF REPRESENTATION

My representative will represent me with respect to the following workers' compensation matters, including any reviews or appeals that may arise. (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> all compensation claim matters | <input type="checkbox"/> all assessment matters, including authority to settle such matters | <input type="checkbox"/> all discriminatory action matters |
| <input type="checkbox"/> all relief of costs matters | <input type="checkbox"/> all occupational health and safety matters | <input type="checkbox"/> section 257 certificate matters |
| <input type="checkbox"/> only the following matters (please provide claim number or other details): _____ | | |

5. CERTIFICATION AND AUTHORIZATION

I consent to WCAT or WorkSafeBC disclosing to my representative the contents of any WorkSafeBC file(s) or related information for which I am eligible to receive disclosure, and any other information related to this appeal. I authorize my representative to act on my behalf before WCAT and WorkSafeBC, including the Review Division, with respect to those files.

This authorization form replaces any previous authorization(s) I have submitted to WCAT or WorkSafeBC for the same scope of representation identified in section 4 of this form. If I cancel this authorization, I understand that I must notify WCAT and WorkSafeBC departments handling my outstanding matters.

For individuals: This authorization shall remain in effect for two years from the date of signing, unless I cancel it in writing, or until my death, whichever is earlier.

For employers: This authorization shall remain in effect for two years from the date of signing, or until I cancel it in writing, or the business is no longer active with WorkSafeBC, whichever is earliest.

Signature (You, not your representative, must sign here)	Date Signed: (YYYY-MM-DD)
X	

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 information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form.