WCAT Workers' Compensation Appeal Tribunal

AUTHORIZATION OF REPRESENTATIVE

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 Email Address for Filing Documents: appeals@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.
If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

1. APPEAL INFORMATION

WorkSafeBC File/Firm #(s):	WCAT No.(s):

2. INFORMATION ABOUT YOU

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

☐ I am the worker ☐ I am the dependant of a deceased worker ☐ I am other (please specify): _____

☐ I am the employer	Employer Firm Name	Job Title of Employer Contact named below

My Last Name	My First Name

Mailing address	City/Town	Province	Postal Code

Telephone (daytime): extension:	Telephone (other): extension:	Fax Number:

3. REPRESENTATIVE

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

☐ I want to appoint an organization as my representative	Name of Organization
☐ 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

Mailing address	City/Town	Province	Postal Code

Telephone (daytime): extension:	Telephone (other): extension:	Fax Number:

4. DISCLOSURE

Your copy of the WorkSafeBC file.

You will receive an email notification when your WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. WCAT will use your email address only for the purpose of disclosure of your WorkSafeBC file. We will provide your email address to WorkSafeBC for that purpose. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

Your email address:

Your representative's email address:

☐ No access to email — Please check (✓) the box if you are a worker without email access. If you select this box, your claim file will be delivered by Canada Post.

5. 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)

☐ all compensation claim matters ☐ all assessment matters, including authority to settle such matters ☐ all prohibited action matters

☐ all relief of costs matters ☐ all occupational health and safety matters ☐ section 311 certificate matters

☐ only the following matters (please provide claim number or other details):

WorkSafeBC File/Firm Number: _____ **WCAT Appeal No. (s):** _____

Last Name or Employer Firm Name: _____

6. CERTIFICATION AND AUTHORIZATION

If you are filing your authorization by email (appeals@wcat.bc.ca), complete section a).
If you are filing your authorization by facsimile or Canada Post, complete section b).

☐ **a) For submitting your authorization by email:**

I, _____, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:

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.

b) For submitting your authorization by facsimile or Canada Post: the form must be signed.

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.

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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. Email is not a secure medium. Any message or attachment you send by email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.