

Authorize a Representative

Revised June 2022

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.
When filling out this form, please print clearly using black or blue ink and mail it to the address above.

Appeal information	Please give us information about the appeal you have started as an appellant or the appeal to which you have been invited to participate as a respondent.		
WCAT Appeal number, if known (e.g. A2109999)	Review Division decision number, WorkSafeBC claim number, or WorkSafeBC Prohibited action number		

Information about the participant	To keep your appeal active or to continue participating in an appeal, you must tell us if this information changes.			
<input type="checkbox"/> I am the worker <input type="checkbox"/> I am the dependant of a deceased worker <input type="checkbox"/> I am other: (please specify)				
<input type="checkbox"/> I am the employer (fill out this entire row)	Business/firm name	WorkSafeBC employer account number	Job title or position of employer contact	
Last Name		First Name		
Your Pronouns	<input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> Pronouns not listed: _____			Your pronouns and title will help us address you respectfully during the appeal process.
Your Title	<input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Title not listed: _____			
Mailing Address		City/Town	Province	Postal Code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number	

Representation	You may appoint an organization (with or without a specific contact) or an individual (not affiliated with an organization) to represent you			
<input type="checkbox"/> I have a professional representative	Name of Organization	<input type="checkbox"/> I have a friend/family member representing me	Relationship to Appellant (e.g. family member or friend)	
Representative's First Name		Representative's Last Name		
Representative's Pronouns	<input type="checkbox"/> They /Them <input type="checkbox"/> She /Her <input type="checkbox"/> He/Him <input type="checkbox"/> I don't know <input type="checkbox"/> Pronouns not listed: _____			These pronouns and title will help us address your representative respectfully during the appeal process.
Representative's Title	<input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> I don't know <input type="checkbox"/> Title not listed: _____			
Representative's Mailing address		City/Town	Province/State	Postal/ZIP Code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number	

Your representative's email address will be used in two ways:

- by WCAT to correspond with them about your appeals(s) or applications.
- if your representative is authorized to represent you on compensation and/or relief of cost matters**, their email will be used by WorkSafeBC to let them know when the claim file disclosure can be downloaded. WCAT will share this email address with WorkSafeBC, and WorkSafeBC will only use it to send your representative an email when the claim file disclosure is ready to download from your WorkSafeBC

In compensation and/or relief of cost matters, representatives must provide an email address for receiving notification of claim file disclosure. For more information, please see the WorkSafeBC website or call them at their Claims Call Centre at 1.888.967.5377 or 604.231.8888.

Email address for correspondence	WCAT will send correspondence to your representative at this email address instead of by mail.	<input type="checkbox"/> My representative prefers mail	If your representative does not want WCAT to communicate with them by email, check this box.
if your representative is authorized to represent you on compensation and/or relief of cost matters, please fill in the information about disclosure	Email address for disclosure (if different from email address for correspondence)		

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):

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 this form. If I cancel this authorization, I understand that I must notify WCAT and WorkSafeBC departments handling my outstanding matters.

For workers: 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.

The participant, not a representative, must sign this form.

Full name (please print)

Signature

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.