

Change of name or contact information

Revised June 2022

Use this form to advise WCAT of a change in your address or contact information. If the appellant does not advise WCAT of any change of address, the appeal may be dismissed. If other participants do not keep WCAT informed of their address, the appeal will proceed without their participation. Note that you must also advise WorkSafeBC of your new contact information.
Note that you must also advise the Workers' Compensation Board of your new contact information.

What appeal(s) or application(s) are you participating in?

Please attach an additional page if necessary.

Date of decision(s) appealed (YYYY-MM-DD)	WorkSafeBC file number(s)	WCAT appeal number(s)

What is your role in the WCAT appeals/application(s) listed above?

I am the worker I am the employer I am the dependent of a deceased worker I am a representative

I am a service provider or witness I am an interested party I am other (please explain):

Your old contact information

First and Last Name		Title, company or organization (if applicable)	
Mailing address		City/Town and Province	Postal/ZIP code
Country	Telephone (Daytime)	Telephone (Other)	Fax number
Email address			

Have you changed your name and/or pronouns?

New First and Last 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 or application 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: _____		
You must provide documentation. Please enclose a copy of one of the following:			
<input type="checkbox"/> change of name certificate <input type="checkbox"/> marriage certificate <input type="checkbox"/> birth certificate <input type="checkbox"/> citizenship card <input type="checkbox"/> other: _____			

Your new address or contact information

New mailing address		City/Town and Province	Postal/ZIP code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number
Email address			

Certification

I confirm the information on this form is correct and complete.		
Your current name (please print)	Signature X	Date Signed (YYYY-MM-DD)

Personal information on this form is collected for the administration of an appeal to WCAT 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 listed above.