

Change of name or contact information

Revised February 2024

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)	Email address	
Mailing address			City/Town and Province	Postal/ZIP code
Country	Telephone (Daytime)	Telephone (Other)	Fax number	

Have you changed your name and/or pronouns?

New First and Last Name

Your Pronouns
 They/Them
 She/Her
 He/Him
 Pronouns not listed: _____

Your Title
 Mx.
 Ms.
 Mrs.
 Mr.
 Dr.
 Title not listed: _____

You must provide documentation. Please enclose a copy of one of the following:

change of name certificate
 marriage certificate
 birth certificate
 citizenship card
 other: _____

Your pronouns and title will help us address you respectfully during the appeal or application process.

Your new address or contact information

New mailing address		City/Town and Province	Postal/ZIP code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number
WCAT only corresponds by email for appeals that are not visible on WCAT Online Services (WCAT.BC.CA > ONLINE SERVICES). If you are using WCAT Online Services, you must log on to WCAT Online Services to see your documents and to change your email address.		Email address	
		WCAT can use this email to: <input type="checkbox"/> notify me of disclosure <input type="checkbox"/> send me videoconference invites <input type="checkbox"/> send me appeal information on appeals that are not visible on WCAT Online Services	

Certification

I confirm the information on this form is correct and complete.

Your current name (please print)	Signature X	Date Signed (YYYY-MM-DD)
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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.