

Employer Request for Claim File And Intent for Request for Review or Appeal

Effective September 1, 2010 this form must be used when an employer or their representative is requesting a copy of a worker's claim file. The WCB may only release a claim file when there is a request for review of a decision before the Dispute Resolution and Decision Review Body or an appeal before the Appeals Commission.

<i>Worker's Surname</i>	<i>First Name</i>	<i>Initial</i>	WCB Claim Number
Employer Name			Employer Account Number
Applicant: <input type="checkbox"/> Employer <input type="checkbox"/> Employer Rep			
Applicant's Name		Company Name	
Address Street	City/Town	Province	Postal Code
Fax Number ()	Telephone Number ()		

Complete only one of A or B or C:

- A.** The worker, employer or their representative has already submitted a request for review to the Dispute Resolution and Decision Review Body or an appeal to the Appeals Commission.
- B.** The employer/representative is initiating a request for review to the Dispute Resolution and Decision Review Body or an appeal to the Appeals Commission regarding claims costs charged to their accident experience (Cost Relief).
- Include Cost Run
- C.** The employer/representative is initiating a request for review or appeal of a specific issue or decision. In initiating the request for review or appeal, the employer/representative is requesting a copy of the claim file to facilitate the review or appeal. If more than one year has lapsed since the decision, the applicant must request a waiver of the time limit before seeking a copy of the file.

The following two questions must be answered for situation C

1. What is the decision or issue you wish to be reviewed? Be specific as possible.

2. What is the date of the WCB's letter that explains the decision made in the one year prior (from the claim owner or Dispute Resolution and Decision Review Body)?

If the applicant's concerns are not resolved upon their review of the claim file it is the applicant's responsibility to send in a "Request for Review" form (G040) to the WCB, or appeal to the Appeals Commission.

Claim File to be: Mailed Picked-up Edmonton Picked-up Calgary

Emailed via WCB secure file transfer service, if secure delivery is selected, please provide email and password (6 to 8 characters).

Email _____ Password _____

I am authorized by the above noted employer to submit request for reviews or appeals and obtain claim file materials to facilitate that process. I acknowledge that this information is being requested and provided under the authority of *The Worker's Compensation Act* (the "WCA") and shall only be used for the following purposes:

- Advance a review before the Dispute Resolution and Decision Review Body or appeal before the Appeals Commission [section 147(3) of the WCA].

I also acknowledge that:

I may be guilty of an offense (section 152) or charged an administrative penalty (section 152.1) under the WCA if that information is used for any other purpose without the consent of WCB; and

I may be subject to other provincial and federal privacy law and legislation that places further limits to my use and disclosure of information provided to me by WCB and it is my obligation to ensure compliance.

Print name: _____ **Signature** _____

Date: _____

Fax this document to (780) 498-7867

Completed by Access to
Information