

EMPLOYER'S AUTHORIZATION OF A REPRESENTATIVE

! This form must be completed by an employer when electing to authorize a representative (**external to the employer**) to gain access to their account or to claim related information as identified by the scope of this authorization. *Please note: An authorization must be completed for each employer account. This form does not have to resubmitted prior to the expiry date listed in section IV.*

I. Employer Information

Legal Name of Company		WCB Account Number
Primary Contact/ Authorized Officer Name		Officer's Position
Officer's Email Address		Officer's Phone Number ()

II. Representative Information

I/we authorize:

An individual to act on our behalf A company to act on our behalf

Name of Individual or Organization		Address	
City/Town		Province	Postal Code
Telephone Number ()	Fax Number ()	Email Address	

! Only the Primary Contact or delegated authorized officer of the employer can authorize this form. If you would like to update the primary contact or authorized officer on this account, please contact Employer Account Services at 1-866-922-9221 or 780-498-3999.

Important Information

This form allows an employer to authorize an individual or company for: 'All WCB account matters', 'All claims matters' or 'All WCB matters (both account and claim matters)'. Additionally, an employer can authorize an individual or company to act as an authorized representative on a specific claim. Additional information can be found below:

Level of Authority	Definition of Authorization	Number of Authorized Representatives
All WCB account matters only	The authorized representative will be entitled to receive information pertaining to WCB employer account matters. This individual or organization will receive employer account information and is eligible to request copies of all claim files for cost relief purposes.	Employers may authorize ONE individual or organization each for All WCB Account Matters or All WCB Claims Matters.
All WCB claims matters only	The authorized representative will be entitled to receive information pertaining to claims management. Additionally, this individual or organization will be copied on <u>all</u> letters sent to the employer by WCB Alberta.	
All WCB matters	The authorized representative will be entitled to gain access to all account and claims matters, including disability management. Electing to authorize a representative at this level will exclude any of the previous sections.	Employers may authorize ONE individual or organization for All WCB Matters.
For a specific claim	In some circumstances, an employer may request that an individual or organization be authorized for one claim only, even when another representative is authorized for all claim matters. This individual or organization would be eligible to receive appeal and/or cost relief information pertaining to that specific claim only. Any information related to the employers account or the impact that claim may have had on that employers account will not be provided by the Worker's Compensation Board of Alberta.	Employers may authorize only ONE individual or organization for specific claim file information pertaining to either Account Matters (Cost Relief) or Claims Matters.

P.O. Box 2415
Edmonton AB T5J 2S5
Fax: (780) 498-7867

III. Scope of Representative

Please choose **one** of the following options regarding the scope of your authorized representative:

Level of Authority:

I authorize the above-named representative to act on behalf of the employer for:

(please choose one)

- All WCB account matters only;
- All WCB claims matters only;
- OR**
- All WCB matters (both claims and account matters).

OR

For a Specific Claim:

I authorize an individual or organization to act on my behalf and receive information specific to this claim:

_____ Claim Number

For the purpose of:

- Account matters (Cost relief)¹
- Claims matters

¹Cost relief includes claims specific premium impact.

IV. Expiration Date

Please note: An authorized representative can only represent an employer for a **maximum of three years** from the date of signing this form. If shorter than three years, please indicate an expiry date below: **(Please note: This form does not need to be resubmitted prior to the expiration date)**

Date (YYYY / MM / DD):

____ / ____ / ____

V. Signature

The undersigned confirms that they are the primary contact or authorized officer of the company and is in a position to access and control the information to be released. (Please note: Online access is excluded from this authorization.)

*This authorization supersedes all prior authorizations submitted to WCB Alberta.

Primary Contact/Authorized Officer Name (please print)

Primary Contact/Authorized Officer Position

Primary Contact/Authorized Officer Signature

Date (YYYY / MM / DD):

____ / ____ / ____

**Once complete, please fax this form to (780) 498-7867
or email to ati@wcb.ab.ca.**

! Have you submitted this form to WCB Alberta within the past three years? If so, your representative may already be authorized on your employer account. This form does not have to be resubmitted prior to the expiry date or for every claim file request.

