

# **WORKER'S AUTHORIZATION OF A REPRESENTATIVE**

## **Part 1: Instructions and Important Information**

### **Part 1:**

#### Use of this form:

This form is only to be used when a worker wishes to authorize a "Formal" or an "Informal" representative to assist with their claim.

#### Definition of Formal and Informal Representatives

A formal representative may access information about your claim verbally, in writing and/or in person. They have authority to make decisions on your behalf, can request a copy of your claim file and will receive a copy of correspondence sent to you.

An informal representative is allowed to provide and receive information about your claim verbally through contact with WCB employees. They do not have authority to make decisions on your behalf, cannot request a copy of your claim and will not receive a copy of correspondence sent to you.

#### Your responsibilities:

It is your responsibility to ensure that authorizations are properly managed. As such, changing or cancelling of any authorization must be submitted in writing.

#### How many representatives can I have?

To ensure that your information is disclosed to whom you have authorized, one formal and one informal representative are permitted.

**Fax completed document to:  
780-498-7867  
or email to: [ati@wcb.ab.ca](mailto:ati@wcb.ab.ca)**

# WORKER'S AUTHORIZATION OF A REPRESENTATIVE

## Part 2: Instructions to WCB Alberta

<b>A: Claimant Information:</b>			WCB Claim Number
Claimant's Surname	First Name	Initial	Date of Birth (Year / Month / Day)
Address Street		City/Town	Province
Suite	Postal Code	Telephone Number	Fax Number

**B: Representative Information:**

<p>I authorize (check only one box)</p> <p><input type="checkbox"/> A person to act on my behalf, or</p> <p><input type="checkbox"/> A company to act on my behalf</p>	<p>This representative is (check one box only)</p> <p><input type="checkbox"/> Formal A formal representative may access information about your claim verbally, in writing and/or in person. They have authority to make decisions on your behalf, can request a copy of your claim file and will receive a copy of correspondence sent to you.</p> <p><input type="checkbox"/> Informal An informal representative is allowed to provide and receive information about your claim verbally through contact with WCB employees. They do not have authority to make decisions on your behalf, cannot request a copy of your claim and will not receive a copy of correspondence sent to you.</p>
Full Name of Person or Company	
Address Street City/Town Province	
Suite Postal Code Telephone Number Fax Number	

**C: Scope / Representative:**

The above named representative is authorized to represent me and access all of the information I would normally have access to:

with respect to all claims: present, past and future.       with respect to one claim file, Claim number \_\_\_\_\_

**D: Validity Period:**

In this box, indicate the expiry date of this authorization.

Authorization Expiry Date	
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If no expiry date is provided, then the authorization is valid until rescinded in writing. A new authorization, formal or informal, will rescind all previous authorizations of the same scope.

**E: Signature & Acknowledgment of the Claimants Responsibilities:**

I understand online access is excluded from this authorization and that I am responsible for managing the online access privileges to my WCB claim.

Date

Printed Name

Claimant's Signature