

DEPENDENT SPOUSE OR PARTNER'S AUTHORIZATION OF A REPRESENTATIVE FORM

This form is to be completed by a dependent spouse or an adult interdependent partner who wishes to authorize a formal or informal representative to assist with the administration of a claim. Once complete, please email the form to ati@wcb.ab.ca or fax to 780-498-7867.

A. Deceased Worker Information:

<i>Worker Surname:</i>	<i>First Name:</i>	<i>Middle Initial:</i>	<i>Date of Birth (YY/ MM/ DD)</i>	<i>WCB CLAIM NUMBER:</i>
------------------------	--------------------	------------------------	-----------------------------------	--------------------------

B. Dependent Spouse/Adult Interdependent Partner Information:

<i>Spouse/Partner Surname:</i>	<i>First Name:</i>	<i>Middle Initial:</i>	<i>Date of Birth (YY/MM/DD)</i>
<i>Street Address:</i>	<i>City/Town:</i>	<i>Province:</i>	<i>Postal Code:</i>
<i>Telephone Number:</i>	<i>Email Address:</i>		

Definition of an Authorized Representative:

To assist with the claim, you may wish to elect a formal or informal representative*. The representative may be an individual or company.

Formal Representative:

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

Informal Representative:

An informal representative does not have the authority to make decisions on your behalf about the claim, cannot access a copy of the claim file and will not receive copies of correspondence sent to you. The informal representative can provide and receive information about the claim verbally through contact with WCB employees.

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

C. Representative Information:

<i>Company or Individual Name:</i>			
<i>Street Address:</i>	<i>City/Town:</i>	<i>Province:</i>	<i>Postal Code:</i>
<i>Telephone Number:</i>	<i>Email Address:</i>	<i>Fax number:</i>	

D. Authorization:

<p>I authorize (check one of the following boxes):</p> <p style="text-align: center;">A person to act as my representative</p> <p style="text-align: center;">A company to act as my representative</p>	<p>This representative will be a/an:</p> <p style="text-align: center;">Formal Representative</p> <p style="text-align: center;">Informal Representative</p>	<p>This authorization will expire on:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date (YY/MM/DD)</p> <p>If an expiry date is not provided, then the authorization is valid until rescinded in writing. A new form will rescind all previous authorizations.</p>
---	--	--

E. Signature:

I understand that by signing the form below, I am authorizing the company or individual listed in section C to act on my behalf as a formal or informal representative. (Please note: Online access is excluded from this authorization and I am responsible for managing the online access privileges to my WCB claim)

Date:
Printed Name:
Signature: