



P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863 or 1-800-661-1993

DRBEXT EXTENSION REQUEST

Claim Number _____
(for requests from workers or employers about a claim decision)

Policy Number _____
(for requests from workers or employers about a claim decision)

To start your request for extension you must complete this form

Name _____

Address _____

City/ Town _____ **Postal Code** _____ **Telephone Number** _____

Note: If you feel you have new information not already on your file, please submit this information. Be sure to provide any additional information you feel could change the decision you disagree with.

For more information on our collaborative review process, or for assistance in appealing a decision, please visit our website at: www.wcb.ab.ca/claims/review-and-appeals

In accordance with Section 9.4, a person with a direct interest in a claim for compensation, may seek a review of a decision by the review body (DRDRB), within one year from the day the decision was issued. If the one year time frame has expired, in accordance with Section 9.4, the one year timeframe may be extended if the chair of DRDRB or the chair’s delegate considers there is a justifiable reason for extending the time period.

Do you already have a representative to act on your behalf?

If yes, representative name _____

I disagree with a decision concerning this claim or account, this decision is outside the one year timeframe for review. I am requesting an extension and submit the following for consideration.

A. What is the decision you wish to have reviewed? (be as specific as possible)

- | | |
|--|---|
| <input type="checkbox"/> Temporary Total Disability Benefits | <input type="checkbox"/> NELP |
| <input type="checkbox"/> Medical Aid | <input type="checkbox"/> Vocational Rehabilitation benefits |
| <input type="checkbox"/> Wage Loss (ELP, TEL, ELS, TPD) | <input type="checkbox"/> Other (please specify) |

B. What is the date of the decision letter you would like reviewed?

C. What are your reasons for not requesting a formal review within 12 months of the decision date?

(additional submissions can be attached to the form)

Signed

Dated

The information requested on this form is collected under Sections 33 (a) and 33 (c) of the Freedom of Information and protection of Privacy Act for the purpose of making a formal request for review of a claim decision. If you have questions, please call the Customer Contact Centre as noted at the top of this form.