

This form is for UFCW purposes only

MEMBER INFORMATION

NAME: _____
ISSUE (ie: claim denial) _____
WCB CLAIM #: _____ SIN#: _____
INJURY: _____ DATE OF ACCIDENT: _____
DATE OF BIRTH: _____ LANGUAGE PREFERENCE: _____
EMPLOYER / UNIT #: _____ SENIOR LABOUR RELATIONS OFFICER: _____
PHONE: _____ CELL: _____
ADDRESS: _____
EMAIL: _____



WCB Release and Acknowledgment Agreement

I, _____, WCB # _____ of _____ (City) _____, in the province of _____, acknowledge that United Food and Commercial Workers Canada Union, Local No. 401, (UFCW) has no legal obligation to assist me with my Workers' Compensation Board (WCB) Claim or Appeals. UFCW has offered to assist me with these matters and I hereby request that UFCW do so. In consideration of this, I agree as follows:

1. I release UFCW as well as its officers, directors and employees from all liability arising out my use of their services in representing me with my WCB matters.
2. I understand and agree that UFCW may cease to represent me with my WCB matters at any time upon providing me with written notice of its intention to do so.
3. I understand that should I fail or refuse to sign this document UFCW will not represent me.

I also acknowledge my responsibility and agree to the following:

1. I must cooperate with the Union and make my best efforts to assist my WCB Advocate in the investigation and preparation of my claim(s)/file(s).
2. I must attend all meetings related to my WCB file as requested by my WCB Advocate.
3. I must provide all information requested by my WCB Advocate as soon as reasonably possible.
4. Should I receive new information relevant to my claim(s)/file(s), I will immediately provide it to my WCB Advocate.
5. I will treat my WCB Advocate and other union staff with dignity and respect at all times.
6. Should my contact information change at any time I will immediately advise my WCB Advocate.

I understand that if I fail to comply with any of the foregoing, it will impede the Union's ability to proceed with my claim(s)/file(s) and may lead to the Union withdrawing its representation on the claim(s)/file(s) and/or any pending appeals on my behalf.

Dated this _____ day of _____, 20____

(Member Signature)

(Witness Signature)

This form must be completed along with WCB's C622 Worker's Authorization of a Representative form.