wcb Workers' Compensation Board - Alberta

PO Box 2415
Edmonton AB T5J 2S5
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C622
WORKER'S AUTHORIZATION OF A REPRESENTATIVE

Part 2: Instructions to WCB Alberta

A: Claimant Information:

			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:

I authorize *(check only one box)*

- ☐ A person to act on my behalf, or
- ☑ A company to act on my behalf

This representative is *(check one box only)*

- ☑ 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.
- ☐ 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.

Full Name of Person or Company	UFCW Local 401 (United Food and Commercial Workers)			
Address *Street*	#100 46 HOPEWELL WAY N.E	*City/Town* CALGARY		*Province* AB
Suite	Postal Code T3J-5H7	Telephone Number 403-291-1047	Fax Number 403-291-1048	

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	

If no expiry date is provided, then the authorization is valid until rescinded in writing.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