



YOUR WCB CLAIM NUMBER IS REQUIRED TO AUTHORIZE UFCW LOCAL 401 AS YOUR REPRESENTATIVE

In the form below, **you MUST provide your WCB claim number** or we cannot act on your behalf or access your relevant files.

- 1. If you have an existing claim but do not know your claim number, please call WCB at: 1-866-922-9221**
2. If you are filing a new claim, your claim number may not be established until your WCB Workers' Report is received. However, if you sought medical treatment for your injury, a claim may have been initiated through your doctor's office. Please call WCB at 1-866-922-9221 to determine if a claim is established.

UFCW Local 401 has two dedicated WCB Advocates to assist you with filing and managing your claim. Steve Westcott is the Advocate for northern Alberta (including Red Deer), and Keri Grainger is the Advocate for southern Alberta.

If you are having difficulty getting your claim number please call your Advocate at **780-452-0362 (Steve)** or **403-291-1047 (Keri)**.



THIS FORM IS FOR UFCW PURPOSES ONLY

MEMBER INFORMATION

(Please complete both TOP and BOTTOM portion)

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

WCB RELEASE AND ACKNOWLEDGEMENT

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 of 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.
4. I understand that UFCW does not allow dual advocacy services. Any application for WCB advocacy services through another source will revoke UFCW as the formal authorized representative on a claim.

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. You must include your WCB claim #, or we can't represent you.