



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)**.

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) <input type="checkbox"/> A person to act on my behalf, or <input checked="" type="checkbox"/> A company to act on my behalf	This representative is (check one box only) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 #100 46 HOPEWELL WAY N.E CALGARY AB	
Suite	Postal Code Telephone Number Fax Number
	T3J 5H7 403-291-1047 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	
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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