

Personal information you provide to the Alberta Fair Practices Office (FPO) is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with Part 2 of FOIP. The personal information you provide will be used by the FPO for the purpose of providing appeals and advisory services for your Workers' Compensation Board (WCB) claim. Should you wish to have your personal information corrected or have any questions or concerns pertaining to the collection of information, please contact General Counsel, Suite 1000, 10th Fl, 10123 – 99th St NW, Edmonton, AB T5J 3H1, 1-866-427-0115.

PLEASE PRINT CLEARLY OR TYPE. AN AUTHORIZATION MUST BE COMPLETED FOR EACH EMPLOYER ACCOUNT.

A. Employer Information:

Legal Name of Company		WCB Account Number	
Industry Code and Classification:			
Address			
Town/City		Province	Postal Code
Phone	Fax Number		

B. Details:

What decision do you wish to review/appeal?

C. Authorization of Representative:

I authorize the FPO Employer Appeals Advisor Branch (EAAB) to represent the employer listed above with respect to all claims and account matters.

Worker's Name (One form per worker)

Claim Number(s)	Date of Accident	Decision Date(s)
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I authorize the FPO EAAB to collect information, including personal information about my claim or account verbally, electronically, in writing and/or in person from the WCB for the purposes of representing the employer in relation to all WCB claims and account matters. The WCB is authorized to disclose personal information to the FPO EAAB that is reasonably necessary for the purposes of providing appeals and advisory services.

D. Expiry of Authorization:

This authorization will expire when whichever of the following occurs first:

- the services of the EAAB has been concluded and is no longer required; or
- you rescind the authorization.

Should you wish to revise or rescind this authorization, you are responsible for submitting a written notification to your appeal advisor. You may also submit the request in writing to the FPO at info@fpo.alberta.ca.

Should you require further assistance from the FPO following the expiry of this authorization, you will be required to submit a new authorization form.

E. Use of this form:

This form is to be used when an employer wishes to authorize the FPO EAAB to act as Formal Representative with respect to a claim or account matter.

F. How Many authorized representatives can an employer have?

An employer is limited to authorize one (1) formal representative for a single claim or account matter. FPO policy precludes the appeals advisor from acting on a file where there is another authorized representative.

G. Authorized Officer:

I am an Authorized Officer of the company and have the authority to sign this form on behalf of the Employer named in Part A.

Authorized Officer Name	Position
Phone	Email
Secondary Contact Name	Position
Phone	Email
Communication Preference	<input type="radio"/> Email <input type="radio"/> Mail <input type="radio"/> Telephone

Important Note: If any of the above information is not provided or is incomplete, it will cause a delay in proceeding with your file.

Signature of Authorized Officer _____
Date

Print Name