

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 reviewing claims within the workers' compensation system (Workers' Compensation Board - Alberta (WCB), Appeals Commission for Alberta Workers' Compensation (Appeals Commission), and the Medical Panels Office (MPO)), and to provide recommendations as a result of its review. The information will also be used for providing appeals and advisory services for your WCB claim.

Your personal information may also be used to contact you to complete a survey and will not be used or disclosed for any other purpose, without your written consent or unless required to do so by law. Should you have any questions pertaining to the collection of your personal information please contact Fair Practices office: Suite 1000, 10th Fl, 10123 – 99th St NW, Edmonton, AB T5J 3H1; info@fpo.alberta.ca or 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)

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.

Edmonton office:

Suite 1000, 10th Fl, 10123 99th St NW, Edmonton, AB T5J 3H1

Calgary office:

602, 1701 Centre Street NW, Calgary, AB T2E 7Y2



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 may cause a delay in proceeding with your file.

Signature of Authorized Officer

Date

Print Name