

WORKER'S AUTHORIZATION FOR COMMUNICATION AND REPRESENTATIVE

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

WORKER INFORMATION		
Worker's Name:		Claim Number:
Address:		Province:
		Postal Code:
Telephone:		Email:
You may authorize the Workers Compensation Board (WCB) to: • Discuss your claim with someone else (for example, a spont a representative to act on your behalf, or • To send your claim file information to a third party. Please complete the information below and select the relevant authorizations will remain in effect until you notify WCB that it AUTHORIZED INDIVIDUAL(S) Name/Title: Address: City/Town: Province: Postal Code: Telephone:		pouse), communication authorization. Please note all
Email:		
Name/Title:		 □ Communication Only (Verbal) □ Represent me (act on my behalf) □ Send Claim File Documents - All Claim Information □ Send Specific Claim File Documents (please specify
Address:		
City/Town:	Province:	the document dates and types):
Postal Code:		
Telephone:		
Email:		
WORKER AUTHORIZATION		
Authorized Signature:		Date:

Personal information on this form is collected in accordance with section 31 of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering file releases. For further information about the collection of personal information, please contact the Workers Compensation Board's FOIPP Coordinator at P.O. Box 757, Charlottetown, PE, C1A 7L7 or telephone (902) 368-5680.