



Saskatchewan
Workers'
Compensation
Board

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EREP

Click on any field to start editing.

Authorization Letter of Representation

I, _____
(print name in full)

authorize Mr. ☐ Ms. ☐ Mrs. ☐ _____
(print name in full)

Representative mailing address: _____

(please include: street name, street number, city, province and postal code)

Phone: _____

to represent _____ with regards to
(print name of company in full)
the following:

(indicate specific issue or file)

In accordance with the provisions of Section 174(1), (2) and (3) of *The Workers' Compensation Act, 2013*, my representative will not use information contained in the noted files publicly or for any purpose other than reconsideration or review of a decision made pursuant to this Act or in pursuing a disputable issue with the Saskatchewan Workers' Compensation Board.

This letter of representation will remain in full force and effect until such time as I notify the Saskatchewan Workers' Compensation Board in writing that I no longer wish the individual named above to act as my representative. If this authorization is in regards to a claim, this form will cancel any previously authorized representatives.

Signed and witnessed at _____, in the province of _____
on this _____ day of _____, 20 ____.

Firm name and number: _____
(print in full)

Title: _____

Signature: _____
Please print & sign form before mailing/faxing.

Witness* _____
(print name in full)

Please sign form before mailing/faxing.

(signature)

* = Someone other than the person being designated as the representative.

EREPEmpFrm
Updated: 10/21

When writing to the WCB, please print name and claim or firm number.

