



Authorization Letter of Representation

Reporting options: 1) WCB online account: wcbask.com 2) Fax: 1.888.844.7773 3) Email: forms@wcbask.com

I, _____
(name in full)

authorize _____
(representative name)

Mailing address: _____
(street name)

City: _____ Province: _____ Postal code: _____

Phone: _____ Email address: _____

to represent _____
(name of company in full)

in regards to the claim number: _____
(specific 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.

Firm name: _____ Firm number: _____

Declaration

Name: _____

Signature: _____
Please print and sign before submitting this form through your WCB online account, or by emailing/ mailing/ faxing it.

Position/title: _____ Phone: _____ Date: _____

Email address: _____

Witness name: * _____

Witness signature: _____
Please print and sign before submitting this form through your WCB online account, or by emailing/ mailing/ faxing it.

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