

SAMPLE LETTER OF REPRESENTATION

Date

Workers Compensation Board of PEI
14 Weymouth Street
P.O. Box 757
Charlottetown PE C1A 7L7

Attention:(Name of Entitlement Officer / Case Coordinator / Employer Services / OH&S)

Re: (Name of Worker) Case ID # (Insert WCB assigned # here)

This is to advise we have appointed the Office of the Employer Advisor to be our representative in matters dealing with Case ID # (insert number here) - (Insert worker name here).

We trust this authorization is to your satisfaction.

Yours truly,

(Insert name of person signing the letter)

cc: Office of the Employer Advisor