

# EMPLOYER'S AUTHORIZATION OF A REPRESENTATIVE

## Part 1: Instructions and Important Information

### Part 1:

This form is to be used when an insured wishes to authorize a representative to have access to their account or claim information as defined by the Scope (see Part 2, section C).

#### How many representatives can an insured have?

Representatives are limited to one(1) per type of Scope.

#### Definitions of Scope:

All claims and account matters: access to all accounts and claim matters, including disability management

- All claim matters:
- Ongoing claims management involves being copied on letters and regular involvement in the claim(s)
  - Not ongoing, only as requested is an option for representatives that are not copied on letters. They will specifically request information as they need it

All account matters: account matters including cost relief. Claim files may be released for cost relief requests only.

**Fax completed document to:  
780-498-7999**

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## Part 2: Instructions to WCB Alberta

### A: Employer Information: an authorization must be completed for each employer account

Legal Name of Company			WCB Account Number
Address		Street	City/Town
			Province
Suite	Postal Code	Telephone Number	Fax Number

### B: Representative Information

I authorize (check one box): <input type="radio"/> A person to act on our behalf, or <input type="radio"/> A company to act on our behalf			
Full Name of Person or Company			
Address		Street	City/Town
			Province
Suite	Postal Code	Telephone Number	Fax Number

### C: Scope / Representative

The above named representative is authorized to represent the employer and access all of the information that the employer would normally have access to:  
Please check one:

with respect to all claims and employer account matters       with respect to all account matters  
 with respect to all claims matters       with respect to **one** claim file, Claim number: \_\_\_\_\_  
 Ongoing claims management  
 Not ongoing, only as requested

### D: Expiry Date

In this box, indicate the expiry date of this authorization to a **maximum of 3 years** from the *Effective Date of Authorization*:

<b>Authorization Expiry Date</b>	(Year / Month / Day)

If no expiry date is provided, then the default validity period will be 3 years from the *Effective Date of Authorization*, indicated at the bottom of this page.

**The undersigned confirms that he/she is an Authorized Officer of the company and is in a position to access and control the information to be released.**  
 By signing below on behalf of the employer/company named in PART A, I authorize the person or company named in PART B, as indicated above on this *Employer's Direction of Authorization*.  
 I understand online access is excluded from this authorization and that I am responsible for managing the online access privileges to my WCB account.

This authorization supersedes all prior authorization submitted to WCB Alberta for the same scope or representation.

Name of Company	Authorized Officer Name
Position	Telephone Number
	Fax Number

Printed Name	
Signature	Date (Year / Month / Day)

