

EMPLOYER'S AUTHORIZATION OF A REPRESENTATIVE

For this form to be valid, it must be completed in full (Parts 1 through 5) and signed by an Authorized Officer of the company. An authorization is needed for each account number.

Part 1 - Employer Information			
Legal Name of Company			Account Number:
Address		City/Town	Province
(Postal Code)	Telephone Number	Fax Number (if applicable)	
_ _ - _ _	() _ _ - _ _	() _ _ - _ _	

Part 2 - Representative Information			
* Name of Company <u>or</u> Person to be Authorized			
Address		City/Town	Province
(Postal Code)	Telephone Number	Fax Number (if applicable)	
_ _ - _ _	() _ _ - _ _	() _ _ - _ _	

* This indicates who will have authorization as set out on this form. If you identify an individual, only that person will be authorized.

Part 3 - Scope of Authorization	
The representative named above is authorized to represent the employer and access all of the WCB Alberta's information that the employer would normally have access to (please check only one):	
<input type="checkbox"/>	All WCB claim and account matters
<input type="checkbox"/>	All WCB claim matters
<input type="checkbox"/>	One specific WCB claim file: Number _____
Choosing this option means the representative may only access information from the named claim file.	
Note: a separate Employer's Authorization of a Representative Form must be completed for each claim file.	
<input type="checkbox"/>	All WCB account/assessment matters (No access to claim files is granted nor is the representative authorized to act on behalf of the employer with respect to any claim file issue including transfer of costs, cost relief etc.)

Part 4 - Prior Authorization	
<input type="checkbox"/>	Check this box if this authorization replaces all prior authorization submitted to WCB Alberta.

Part 5 - Approval by Authorized Officer of the Company	
The undersigned has the company's authority to provide the above authorization.	
Name (Print)	Signature
Title (Print)	Date

Fax this document to (780) 498-7867