

Office of the Appeals Advisor

on Workers' Compensation matters

C848

REQUEST FOR ADVISOR ASSISTANCE

Claim Number
Accident Date <small>(Year / Month / Day)</small>

Name: <small>(Surname)</small>	<small>(Given)</small>	<small>(Initials)</small>	Date of Birth <small>(Year / Month / Day)</small>	
Address <small>Apt/Unit</small>	<small>Street</small>	<small>City/Town</small>	<small>Province</small>	<small>Postal Code</small>
Residence Telephone Number	Work Telephone Number	Alternate Telephone Number		

What Decision do you wish to review / appeal:

Please include any letters you have received from the Workers' Compensation Board about the issue(s) you want appealed. If you have not received a letter please contact your Case Manager to obtain one and include the letter with this form. Please note you have one (1) year from a decision to enter a review / appeal with the Workers' Compensation Board and / or Appeals Commission.

Please give reason:

I am requesting the assistance of the Office of Appeals Advisor and authorize them to access all information in the Workers' Compensation Board's possession in respect of this review / appeal and to make representation on my behalf, including proceeding with the documentary or in-person hearing in my absence, if my representative considers it the appropriate action on my behalf.

Signature

Date

Please forward to the Office of Appeals Advisor

Edmonton Office

Mailing Address: PO Box 1893, Edmonton AB T5J 2P3
#500 10621 - 100 Avenue, Edmonton AB T5J 0B3
Telephone: 780-498-8640 Fax: 780-498-7870

Calgary Office

#602 1701 Centre Street N, Calgary AB T2E 7Y2
Telephone: 403-517-6220 Fax: 403-517-6221

Toll-free in Alberta: dial 1-866-922-9221 and then the area code and seven digit number of the office nearest you

Out of Province: 1-800-661-9608