

EMPLOYER'S AUTHORIZATION OF A REPRESENTATIVE

Part 1: Instructions and Important Information

Part 1:

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

How many representatives can an employer have?

An employer is limited to authorize one (1) representative per level of authorization. For example:

- 1 representative only for “all claims matters and all account matters”
- 2 representatives - 1 for “all claims matters” and 1 for “all account matters”

Levels of Authorization and their Definitions:

- 1. All claims matters and all account matters:** access to all accounts and claims matters, including disability management. Electing to authorize a representative at this level will exclude any other selections, as any other selection would create an overlap of authorization.
- 2. All claims matters only:** you are required to select one of the two options:
 - Ongoing claims management involves being copied on letters and regular involvement in the claim(s)
 - Not ongoing, specific information is requested only as needed. This option is for representatives that are not copied on letters.
- 3. All account matters only:** account matters including cost relief. Claim files may be released for cost relief requests only.

In rare circumstances the WCB may approve an employer's request for a representative to be authorized for one (1) claim only, even when another representative is authorized for all claim matters. Please contact WCB Access to Information at ati@wcb.ab.ca to inquire further. See Part 2, section C (a).

**Fax completed document to:
780-498-7867
or email to: ati@wcb.ab.ca**

EMPLOYER'S AUTHORIZATION OF A REPRESENTATIVE

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): A person to act on our behalf, or 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

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C: Levels of Authority

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:

1. All claims matters and account matters

2. All claims matters only (select one of the following two options).

Ongoing claims management

Not ongoing, only as requested

3. All account matters only

C (a): With Respect to One Claim Only (Please contact WCB Access to Information at ati@wcb.ab.ca to inquire further)

Claim # _____

Level of Authority _____

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*:

Authorization Expiry Date	(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 level of authority or representation.

Name of Company	Authorized Officer Name
Position	Telephone Number
	Fax Number
_ _ _ _	_ _ _ _
	_ _ _ _

Printed Name	
Signature	Date (Year / Month / Day)
_ _ _ _	_ _ _ _

