

**ASSIGNMENT OF COMPENSATION under
THE WORKERS' COMPENSATION ACT
PROVINCE OF ALBERTA**

Claim Number _____

Date of Birth _____
(YYYY/MM/DD)

I, _____
(name of worker in full)

of _____ in consideration of
(address)

(state "full pay being continued" or state what other consideration))

do hereby assign, transfer and set over unto

_____ of _____
(name of employer or other assignee) (address)

the sum of _____
(state "all compensation monies" or give actual amount)

out of the monies payable to me by THE WORKERS' COMPENSATION BOARD, and I hereby authorize and request the said Board to pay over to the said assignee the said monies as above for which the receipt of the said assignee shall constitute a good and sufficient discharge.

DATED AT _____ in the Province of Alberta

This _____ day of _____ A.D. 20 _____

WITNESS:

(signature) (signature of worker)

This form must be signed by the worker and a witness before it can be accepted.

Notice to Employers

Where an employer continues to pay an injured worker and takes an assignment of compensation from the worker, the amount paid to the employer by the Board under the assignment may be deducted from the gross payroll return of the employer for assessment purposes.