

# C622

## WORKER'S AUTHORIZATION OF A REPRESENTATIVE

**!** Please complete this form if you wish to authorize the Workers' Compensation Board - Alberta to release confidential information about you to your representative verbally or in writing. If you would like someone to act for you and speak to us on your behalf, please complete this form in full, sign it, and return it to us by email at [ati@wcb.ab.ca](mailto:ati@wcb.ab.ca) or by fax to 780-498-7867. This authorization form does not preclude the WCB from communicating with you directly.

### A. Worker Information:

Worker Surname	First Name	Middle Initial	Date of Birth (YYYY / MM / DD): / /	WCB Claim Number
Mailing Address		City/Town	Province	Postal Code
Telephone Number ( )		Email Address		

**Definition of an Authorized Representative:**

To assist with the claim, you may wish to elect a formal or informal representative\*. The representative may be an individual or company.

**Formal Representative:**

A formal representative may access information about your claim verbally, in writing and/or in person. The formal representative has the authority to make decisions on your behalf, request a copy of the claim file and will receive copies of correspondence sent to you.

**Informal Representative:**

An informal representative does not have the authority to make decisions on your behalf about the claim, cannot access a copy of the claim file and will not receive copies of correspondence sent to you. The informal representative can provide and receive information about the claim verbally through contact with WCB employees.

**\*To ensure your information is disclosed to whom you have authorized, only one formal and one informal representative is permitted.**

Please Note: A formal or informal representative **cannot** be an employee of the Worker's Compensation Board.

### B. Representative Information:

Company or Individual Name:				
Street Address		City/Town	Province	Postal Code
Telephone Number ( )	Email Address		Fax number ( )	

### C. Authorization:

<p>I authorize (check one of the following boxes):</p> <p><input type="checkbox"/> A person to act as my representative</p> <p><input type="checkbox"/> A company to act as my representative</p>	<p>This representative will be a/an:</p> <p><input type="checkbox"/> Formal representative <b>OR</b> <input type="checkbox"/> Informal representative</p>	<p>I am authorizing my formal or informal representative to act on my behalf for:</p> <p><input type="checkbox"/> All claims, future, past and present</p> <p><input type="checkbox"/> On this claim only (one claim only)</p>	<p>To the best of my knowledge, my formal or informal representative is:</p> <p><input type="checkbox"/> An employee of WCB</p> <p><input type="checkbox"/> Not an employee of WCB</p>	<p>This authorization will expire on:</p> <p style="text-align: center;">/ /</p> <p style="text-align: center;">Date (YYYY / MM / DD)</p> <p>If an expiry date is not provided, then the authorization is valid until rescinded in writing. A new form will rescind all previous authorizations.</p>
---	---	--	--	--

I understand that by signing the form below, I am authorizing the company or individual listed in section B to act on my behalf as a formal or informal representative. (Please note: Online access is excluded from this authorization and I am responsible for managing the online access privileges to my WCB claim)

Signature:

Printed Name:

Date (YYYY / MM / DD):

X \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*\*This form will replace any previously received C622 forms received by WCB.\*\*

