

9912 - 107 Street, Edmonton
P. O. BOX 2415 T5J 2S5
Toll-free fax: 1-800-661-1993
(In Edmonton fax: 427-5863)
Customer Contact Centre 1-866-922-9221

Claim Number _____
(for requests from workers about a claim decision)

Name _____		
Address _____		
City/Town _____	Postal Code _____	Telephone Number _____

Note: This policy is effective September 1, 2018 for any Request for Review dated on or after September 1, 2018.
For more information on our interim relief process, please visit our website at <https://www.wcb.ab.ca/claims/review-and-appeals/for-workers.html>

STEP ONE: Please review the criteria for this temporary financial assistance.
Visit our website for more information at https://www.wcb.ab.ca/assets/pdfs/workers/wfs_interim_relief.pdf.

STEP TWO: What kind of documentation do I need to send in with my application?

The following are some examples of documentation that will help us assess if you meet the criteria:

- Denial letter from any other insurance provider from the employer or private coverage.
- Denial letter from Government of Canada services and/or local services that may be available.
- Letter from a spouse/partner living at the same address as you, stating that his/her income will not support the monthly requirements to provide basic necessities.
- Any other letters or documents that you believe support your needs.

STEP THREE: Submit the request by mail, drop off at the front counter or by email to the mailbox.drdrb@wcb.ab.ca

Please describe why you require interim support as well as your financial circumstances if you do not receive this support. (be as specific as possible)

Signed _____	Date _____
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The information requested on this form is collected under Sections 33 (a) and 33 (c) of the *Freedom of Information and protection of Privacy Act* for the purpose of making a formal request for review of a claim decision. If you have questions, please call the Customer Contact Centre as noted at the top of this form.



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