

Authorization Letter of Representation

Reporting options: 1) WCB online account: wcbask.com 2) Fax: 1.888.844.7773 3) Email: forms@wcbask.com

I, _____
(print name in full) (WCB claim number)

authorize Mr. Ms. Mrs. _____
(print name in full)

Representative mailing address: _____

(please include: street name, street number, city, province and postal code)

Phone: _____ Email address: _____

to represent me in my dealings with the Saskatchewan Workers' Compensation Board. I acknowledge and accept that this may involve access to and discussion of any of my claim records. This completed form cancels any previously authorized representatives.

This letter of representation will remain in full force and effect until such time as I notify the Saskatchewan Workers' Compensation Board in writing that I no longer wish the individual named above to act as my representative.

Signed and witnessed at _____, in the province of _____
on this _____ day of _____, 20_____.

Injured worker/dependent spouse _____
(print name in full)

Please print and sign before submitting this form through your WCB online account, or by emailing/mailling/faxing it.

(signature)

Witness *

(print name in full)

Please print and sign before submitting this form through your WCB online account, or by emailing/mailling/faxing it.

(signature)

* = Someone other than the person being designated as the representative.