

## Authorization to release a worker's cheque to a third party

Complete, sign and submit this form to authorize a third party to collect your Saskatchewan Workers' Compensation Board benefits cheque. The person you are authorizing to pick up your cheque will need a valid ID. This authorization will only be valid for the specified transaction.

### 1. Worker information (person issuing the authorization)

Worker's name: \_\_\_\_\_ WCB claim number: \_\_\_\_\_

Worker's address: \_\_\_\_\_

Worker's email address: \_\_\_\_\_

### 2. Third-party information (person collecting the worker's cheque)

Full name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to worker: \_\_\_\_\_

### 3. Cheque details

Payment/benefit type: \_\_\_\_\_

(for example, earnings loss, travel reimbursement, etc.)

Amount: \_\_\_\_\_ Reference number: \_\_\_\_\_

(if applicable)

(if applicable)

### 4. Worker consent and acknowledgment

By signing this form, I authorize the above-named individual to collect the cheque on my behalf. I understand that:

- This authorization is for a one-time release only.
- The authorized individual must present valid photo identification at the time of collection.
- The Saskatchewan WCB reserves the right to contact me directly to verify the collection and receipt of my cheque.
- The Saskatchewan WCB is not responsible for any loss, damage, or unauthorized use of the cheque, nor is the Saskatchewan WCB responsible for any use or disclosure of accompanying personal information once the cheque is released to the authorized individual.
- The information collected on this form will be used solely for the purpose of verifying this authorization, in compliance with applicable legislation.

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Worker signature

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Print name

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Date (MM/DD/YYYY)

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Third-party signature

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Print name

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Date (MM/DD/YYYY)