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Clear form

Employer's Authorization Letter of Representation

This form is to be used when an employer wishes to authorize a **third-party representative** to access all or part of their employer account as defined by the scope of representation. In order for this form to be valid, it must be completed **in full**.

This form is **not** required to add an employee as a contact or a representative to the account. For third-party access to claims, an Authorization Letter of Representation (EREP) is required.

A. Employer information

Legal name of company			SK WCB firm number	
Company address		City	Province	Postal code
Phone number	Fax number	Email address		

B. Third-party representative information

Full name of person or company				
Company address		City	Province	Postal code
Phone number	Fax number	Email address		

C. Scope of representation

Please select which aspects of your account this representative will have access to from the options below:	
<input type="checkbox"/> Assessments/payroll/account updates	<input type="checkbox"/> Credit checks/S.156 clearance request
<input type="checkbox"/> Experience rate and claim costs	<input type="checkbox"/> Clearance letters

D. Online services

Are you providing this representative administrator access to your WCB online account?	
Please be advised that this will replace your current online administrator. Administrator access includes access to all aspects of the WCB online account, including payroll information, ability to change firm information, experience rating, injury and claim costs, reports and appeals, etc. If you do not want this representative to have access to all of this information, do not select "Yes."	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please provide the email address to be used as their username below:	
If you are authorizing a company as a representative, please provide an individual's name to be appointed administrator below:	

E. Declaration

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

The undersigned understands that this letter of representation will remain in effect until such a time that the Saskatchewan Workers' Compensation Board (WCB) is notified in writing that this individual/company will no longer act as a representative of this company.

The undersigned confirms that they are an authorized officer of the company and that they are in a position to access and control the information to be released.

F. Authorized by:

Printed name	Position/title		
Signature	Please print and sign before submitting this form through your WCB online account, or by emailing/mailling/faxing it.	Phone	Date (MM/DD/YYYY)