Office of the Appeals Advisor

on Workers' Compensation matters

C848

REQUEST FOR ADVISOR ASSISTANCE

Claim Number	
Date of Accident *(Year / Month / Day)*	

Name: *(Surname)* *(Given)* *(Initials)*		Date of Birth: *(Year / Month / Day)*
Address *Apt/Unit* *Street*	*City/Town* *Province*	Postal Code:
Residence Telephone Number:	Work Telephone Number:	Alternate Telephone Number:

What Decision do you wish to review / appeal:

I am requesting the assistance of the Office of Appeals Advisor and authorize them to access all information in the Workers' Compensation Board's possession in respect of this review / appeal and to make representation on my behalf, including proceeding with the documentary or in-person hearing in my absence, if my representative considers it the appropriate action on my behalf.

Signature

Date

Please forward to the Office of Appeals Advisor

Edmonton Office
Mailing Address: PO Box 1893, Edmonton AB T5J 2P3
#500 10621 - 100 Avenue, Edmonton AB T5J 0B3
Telephone: 780-498-8640 Fax: 780-498-7870

Calgary Office
#602 1701 Centre Street N, Calgary AB T2E 7Y2
Telephone: 403-517-6220 Fax: 403-517-6221

Toll-free in Alberta: dial 1-866-922-9221 and then the area code and seven digit number of the office nearest you
Out of Province: 1-800-661-9608 Website: workeradvocates.ca