

INFORMAL REPRESENTATIVE Consent Form



This form, when signed, allows you to appoint an Informal Representative, such as a family member or friend, who may help you by providing or receiving information about your claim(s) from the Advisor Office (AO) for Alberta Workers' Compensation. An informal representative does not have the authority to make decisions on your behalf and cannot request a copy of your claim(s).

Failure to complete all sections of this form may result in service delays.

A. Client Information

I am a(n) ☐ Injured Worker ☐ Dependent of Worker ☐ Employer

First Name

Middle Name

Last Name

WCB Claim Number(s)

Legal Company Name (EMPLOYERS ONLY)

WCB Account Number (EMPLOYERS ONLY)

Address

City

Province

Postal Code

Email

Telephone Number

Alternative Telephone Number

B. Appointment of an Informal Representative

I authorize the following person to act as my informal representative for communicating with the AO and providing representation to the AO for my file. The AO may collect my personal information from my informal representative and may disclose this information to my informal representative for the AO's review of my file, or to provide advisory services.

My Informal Representative is:

First Name

Last Name

Relationship

Email

Telephone Number

INFORMAL REPRESENTATIVE CONSENT FORM

C. Expiry of Authorization

This authorization will expire immediately upon either:

- The services of the AO have been concluded and are no longer required, or
- You revoke the authorization

If you wish to revise or cancel this authorization, you are responsible for submitting a notice in writing to advisoroffice@gov.ab.ca. Should you require further assistance from the AO and wish to authorize an informal representative in the future, you will need to submit a new authorization form.

D. Protection of Privacy

The AO collects and manages personal information under the authority of the *Protection of Privacy Act*, SA 2024, c P-28.5, s 4(c). The AO will use your personal information to review claim(s) within Alberta's workers' compensation system. The information will also be used for providing appeals advisory services on your WCB claim(s).

Your personal information may also be used to contact you to complete a survey. The AO will not use or disclose your personal information for any other purpose without your written consent, or unless required to do so by law. Should you have any questions about the collection of your personal information, please contact the AO toll-free at 1-866-427-0115, or advisoroffice@gov.ab.ca.

E. Service Commitment

I have read the *AO Service Commitment* and I acknowledge the terms set out in it.

F. Agreement of Informal Representative

By signing this form, I agree to act as the claimant's informal representative. I acknowledge that the AO may withdraw services if I do not follow the terms set out in the *AO Service Commitment*.

Informal Representative Name

Informal Representative Signature

Date

G. Authorization from the Client

I appoint the above named person as my informal representative. I acknowledge that the AO may withhold services from my informal representative if they do not follow the terms set out in the *AO Service Commitment*.

Claimant Name

Claimant Signature

Date