

WCAT WORKERS COMPENSATION APPEAL TRIBUNAL

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Charlottetown, Prince Edward Island Canada, C1A 7N8

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NOTICE OF APPEAL

This Notice of Appeal must be received by WCAT within thirty (30) days of the date of the Internal Reconsideration (IR) decision.

| | | | |
|---|--|---------|--|
| 1. APPEAL INFORMATION | | | |
| Please check one of the following: | | | |
| <input type="checkbox"/> Worker Appeal <input type="checkbox"/> Employer Appeal <input type="checkbox"/> Assessment Appeal | | | |
| Date and Number of the IR Decision Being Appealed | | | |
| 2. WORKER INFORMATION | | | |
| Name | | Claim # | |
| Address | | | |
| Phone | | | |
| Email | | | |
| 3. EMPLOYER INFORMATION | | | |
| Name | | | |
| Company | | | |
| Address | | | |
| Phone | | | |
| Email | | | |
| 4. GROUNDS OF APPEAL: Please tell us why you think the IR decision was incorrect. | | | |
| I disagree with the decision of the Internal Reconsideration Officer (IRO) because: | | | |
| | | | |
| 5. RELIEF: How do you think this issue can be resolved? | | | |
| I believe I am entitled to the following: | | | |
| | | | |
| 6. REPRESENTATION: All participants before the Tribunal may choose to be represented. You may be represented by the Worker Advisor, Employer Advisor or someone else, such as a lawyer, a friend or other person of your choosing. Please note that if you choose a representative, all future correspondence and disclosure of documents will be sent to only your representative. (See next page) | | | |

Please choose one of the boxes:

- ☐ I intend to represent myself
☐ I intend to be represented by the Worker Advisor
☐ I intend to be represented by the Employer Advisor
☐ I wish to name the person listed below as my Authorized Representative

Authorized Representative contact information:

| | |
|----------------|--|
| Name | |
| Agency | |
| Address | |
| Phone | |
| Email | |

DECLARATION, CONSENT AND SIGNATURE. Please read this section carefully. Both you (the Appellant) and your Authorized Representative **MUST** sign this form prior to submitting the Notice of Appeal.

Both you and your Authorized Representative declare that you have read and understand these statements:

- Parties to the appeal process are those people with a direct interest in the matter. They may include:
 - A worker
 - Dependents of a deceased worker
 - The worker's employer on the date of accident
 - The Workers Compensation Board
 - Representatives of any of the above
- A copy of this Notice of Appeal will be sent to the Workers Compensation Board and all other parties to the appeal process. They will each have the right to their own representation and to present evidence on the appeal. PLEASE NOTE – NO NEW EVIDENCE CAN BE PRESENTED TO WCAT ON AN APPEAL.
- You and your Authorized Representative consent to WCAT's disclosure of information about the appeal to:
 - WCAT Tribunal Members
 - The Workers Compensation Board
 - Other parties to the appeal process who have indicated their intention to participate

The information may include personal, medical, earning and work-related information you and your Authorized Representative consent to their use of this information for the purpose of this appeal.

- You and your Authorized Representative also agree:
 - The documents or records disclosed in this matter will only be used for the purpose of the appeal
 - The documents will be kept confidential and secure
 - You will comply with any other conditions or restrictions WCAT may impose regarding the use and disclosure of documents or records.

Appellant

Signature:

Print Name:

Dated:

Representative

Signature:

Print Name:

Dated:

Information on this form is collected under Section 31(c) of the **Freedom of Information and Protection of Privacy Act** as it relates directly to and is necessary for the processing of an appeal to the Workers Compensation Appeal Tribunal under Section 56(6) of the **Workers Compensation Act**.