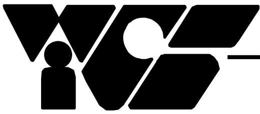

WORKERS' COMPENSATION APPEALS TRIBUNAL

Northwest Territories & Nunavut

Appeals Tribunal
P.O. Box 8888
Yellowknife NT X1A 2R3

Tel: (867) 669-4420 or 669-4411
Fax: (867) 669-4467 or 766-4226

Appeal ID:____________
Claim ID:____________
For completion by Appeals Tribunal only

APPEAL APPLICATION

PLEASE READ THE ATTACHED APPEAL PROCEDURES CAREFULLY BEFORE COMPLETING THIS APPLICATION. PLEASE PRINT OR TYPE.

I would like the Appeals Tribunal to communicate with me in English ☐ French ☐

APPLICANT INFORMATION

Name ____
(Last Name or Company Name) (First Name, or Contact Name if Employer Applicant)

Address ____
(Apartment No.) (Street)

____
(City) (Province/Territory) (Postal Code)

Phone No.: (Home) ( ) ________
(Work) ( ) ________ Fax No.: ( ) ________________

NOTE: Please notify us immediately if you change your address, telephone or fax number(s).

(Please check ☐ appropriate box).

☐ **I am the worker.** When I was injured, I was employed by ____________________.
Type of injury __________________________________.

☐ **I am the worker's dependant.** The worker's name is ____________________.
At the time of the injury, the worker was employed by ____________________.

☐ **I am the employer.** The worker's name is (if applicable) ____________________.
My employer account number is _.

DECISION(S) BEING APPEALED

WCB-NWT/NU Claim Number(s) ________________________________.
I wish to appeal the Review Committee decision(s) dated ____________________.

NOTE: If possible please enclose a copy of the decision(s) you are appealing with this application. The Appeals Tribunal cannot hear appeals of any issue that has not been dealt with by the Review Committee.

REPRESENTATION (Please check ☐ the appropriate box).

☐ **I will be representing myself in this appeal.**

☐ **I have a representative.** ***(If you have checked this box, you must complete the following information.)***

Name of Representative ______________________________

Company, Association or Organization Name ______________________________

Address ______________________________

____

Phone No.: ( ) ______________________ Fax No.: ( ) ______________________

NOTE: Legal fees and expenses are the responsibility of the appellant and will not be paid by the WCB or Appeals Tribunal.

OTHER WCB CLAIMS

I have other claims with the NWT Workers' Compensation Board. Yes ☐ No ☐

If "Yes", WCB-NWT/NU Claim Numbers: ______________________________.

I have claims for a similar injury with other WCB's. Yes ☐ No ☐

If "Yes", state which Board and Claim Number(s): ______________________________.

NOTE: Employer applicants should only list claims involving the same worker.

OTHER TRIBUNAL APPEALS OR DECISIONS *(This includes current and previous appeals.)*

I have had other appeals or decisions at the NWT/NU Appeals Tribunal. Yes ☐ No ☐

If "Yes", Claim Number(s) or Decision Number(s): ______________________________.

NOTE: Employer applicants should only list appeals involving the same worker.

TYPE OF HEARING REQUESTED *[Please check one in each of (a)* ***and*** *(b)* ***and*** *(c)]*

(a) ☐ Oral (in person) ☐ Video-conference ☐ Telephone conference call ☐ Documentary Review

(b) I want my appeal to be heard in English ☐ French ☐

(c) I need an interpreter for a hearing Yes ☐ No ☐ If "Yes", in which language? ______________________

NOTE: Pursuant to subsection 3(1) of the Appeals Tribunal's Rules of Procedure the hearing panel may in its discretion determine the manner in which an appeal will be heard. Where the appellant attends the hearing in person, the Appeals Tribunal will consider reimbursement of reasonable travel expenses on a case by case basis.

WITNESSES ***Note: Additional pages may be attached. Check here if more pages are attached*** ☐

I plan to have a witness(es) testify at the hearing. Yes ☐ No ☐ If "Yes", please provide witness(es) names:

____

____

____

NOTE: Witness expenses are the responsibility of the appellant or the affected party requesting the witnesses attendance. The Appeals Tribunal will consider reimbursement of witness expenses where such requests are made during the hearing.

REASONS FOR APPEAL

NOTE: It is important to be as specific as possible. Additional pages may be attached. Please check here if more pages are attached. ☐

(a) I disagree with the Review Committee's decision because ____________________

(b) I believe I am entitled to the following: *(Please give as much detail as you can. For example: "Temporary Total Disability benefits from April 2, 1992 to February 14, 1993.")*

MEDICAL EVIDENCE

I have new medical information which the Review Committee did not have when it made the decision(s) I am appealing.

Yes ☐ No ☐

NOTE: If "Yes", you must attach any new medical to this application. If it is not attached, the appeal will be delayed until it is received.

I have read the Appeal Procedures and am ready to proceed with this appeal. I understand that copies of the completed form will be sent to interested parties (e.g. accident employer, injured worker), and that they have the right to be heard and present evidence.

Date **Signature of Applicant or Representative**

RELEASE OF WCB CLAIM FILE TO ACCIDENT EMPLOYER ***(This section applies to all worker applicants)***

I agree that documents in my claim file relevant to the issue(s) under appeal may be released to the accident employer if they have indicated their intention to participate in the hearing or to provide submissions.

Yes ☐ No ☐

I understand that if the accident employer is to be included in the hearing or will be providing submissions, that the Case Summary prepared for the Tribunal and provided to me at notification of appeal date, will also be provided to the accident employer. I also understand that all material submitted by me, by the accident employer must be provided to the other party; and further understand that any information obtained by the Appeals Tribunal will be shared with both parties.

Date ______________________ **Signature of Worker** ______________________

NOTE: You may request disclosure of your file, or review your file at the WCB offices, before agreeing to release information to the employer. If "No" is checked, processing of the appeal will be delayed until it is determined what may be released.