



Notice to Participate

Review Division

For Office Use Only

IMPORTANT: To participate in a review, you must return this completed form to the Review Division by the due date set out below.

Return to: Mailing address: Review Division
Workers' Compensation Board of B.C.
PO Box 2071 Stn Terminal
Vancouver BC V6B 3S3

Phone: 604 214-5411
Toll free in B.C. 1 888 922-8804
Fax: 604 232-7747
www.worksafebc.com

Your Contact Information¹

I am the:	<input type="checkbox"/> Worker	<input type="checkbox"/> Employer – My title/position is:	<input type="checkbox"/> Other (please describe)
Name		Employer name	
Mailing address			
			Postal code
Telephone number		Fax number	

Request for Review Information

I wish to participate in the review of the (please choose one):		
<input type="checkbox"/> Compensation decision	<input type="checkbox"/> Assessment decision	<input type="checkbox"/> Prevention decision/order
Date(s) of the decision(s) being reviewed		
WCB claim or employer number(s)		
Applicant's name		
Review number		

Due Date

You must return the form to the Review Division on or before (day/month/year):
If we have not received a response by the due date, the review process will proceed without your participation.

New Information

Have you attached any new information that was not considered when the decision was originally made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be sending in new information that was not considered when the decision was originally made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disclosure for Review (copy of WCB file)

You will receive a paper copy of the Board's file upon receipt of your "Notice to Participate" form. For some Compensation files, disclosure is available in CD format. Please check (✓) the box if you prefer CD format. CD format

Note: If you have a representative, please check the box if you wish disclosure sent to the representative's mailing address. Yes, please send to representative
Otherwise, it will be sent to your mailing address.

Representation¹

Please check (✓) one <input type="checkbox"/> I will represent myself in the review process <input type="checkbox"/> I have a representative who will handle this review	
<i>If you are represented:</i> Representative's name	
Representative's firm name	
Mailing address	
	Postal code
Telephone number	Fax number

"I wish to participate in this review. I acknowledge that the Board may disclose information regarding this file for purposes of review, or may disclose such information to others in accordance with the law, including the *Freedom of Information and Protection of Privacy Act*. Further, and where applicable, I authorize the representative identified above to act on my behalf for the purposes of this review."

Participant name (please print)	Participant signature	Date signed (yy/mm/dd)
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¹ If your Contact or Representation information changes, contact the Review Division with your new information.