



# NOTICE OF APPEAL OF AN ASSESSMENT DECISION

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645, Toll free: 1-800-661-0443, Fax: (867) 393-6279, Website: www.wcb.yk.ca

**An Appeal Panel of the Board of Directors is the only level of appeal for assessment decisions.** You are appealing under section 85 of the *Workers' Compensation Act* S.Y. 2008 (the "Act"). An Appeal Panel of the Board of Directors may confirm, vary, or reverse the original assessment decision.

Name		Account Number
Company Name		
Address		
City/Town		Postal Code
Telephone (home)	Telephone (work)	
Date of original decision ( <b>you must appeal within one hundred and eighty (180) days of this date</b> ) _____ (y/m/d)		

## A - REASON FOR APPEAL (please use extra paper for more space)

Please indicate why the decision is incorrect and how it should be changed.

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## B - METHOD OF APPEAL

Would you prefer?

A documentary review based on the information on file (*you do not have to attend*); or  An oral hearing in front of the appeal panel

Will you be providing additional written information?  Yes  No

*If Yes, attach it to this form or provide it to the Board of Directors at least seven (7) days before the hearing. Otherwise, the hearing may be postponed or adjourned.*

## C - REPRESENTATION

Do you intend to represent yourself during the appeal process?  Yes  No *Please complete and attach form "Authorization for Representation".*

Will you or another person testify at the hearing?  Yes  No

Please give a brief description of the testimony the Appeal Panel will hear. \_\_\_\_\_

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## D - ACCESS TO INFORMATION ON RECORD

Employers (or their representative) are entitled to one free copy of their record upon request. Additional copies are available for a fee.

To obtain a copy of the record, you must submit a "Request for Disclosure" form to the Yukon Workers' Compensation Health and Safety Board (YWCHSB). These forms may be obtained at the YWCHSB or by calling 667-5645.

Please allow up to thirty (30) days to process your request, depending on the volume of the file.

\_\_\_\_\_  
*Signature of person making the appeal*

\_\_\_\_\_  
*Date*

For further information about reviews or appeals, please contact the Appeals Assistant: YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.

**Note:** This information is being collected under the authority of the *Workers' Compensation Act* S.Y. 2008 or *Occupational Health and Safety Act* R.S.Y. 2002 solely for the purpose of your review or appeal. For further information about the collection of this information, please contact the Vice-President of Operations/CFO, YWCHSB: (867) 667-5645 or 1-800-661-0443 toll free.