



# REQUEST FOR RECONSIDERATION OF APPEAL PANEL DECISIONS

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An Appeal Panel is the final level of appeal for assessment or occupational health and safety matters. For claims appeals, an Appeal Panel is also the final level of appeal if the appeal was filed before April 01, 2000.

Under section 106 of the *Workers' Compensation Act* S.Y. 2008, the Yukon Workers' Compensation Health and Safety Board (YWCHSB) may stay the decision of an Appeal Panel of the Board of Directors and direct a new hearing if it considers that the Appeal Panel improperly applied the law or YWCHSB policy. Section 105 gives the Board of Directors the authority to review any decision made by it previously. Under section 28 of the *Occupational Health and Safety Act* R.S.Y. 2002 the Board of Directors may on its own motion reconsider any decision or order made by it or an appeal panel.

<input type="checkbox"/> Worker		<input type="checkbox"/> Employer	
Name			
Address			
City/Town			Postal Code
Telephone (home)		Telephone (work)	

## A- REASON FOR REVIEW

**You are requesting the Board of Directors to review:** *(please mark your answer)*

**An assessment matter**

Name of company: \_\_\_\_\_ Account number: \_\_\_\_\_

**An occupational health and safety matter**

Name of company: \_\_\_\_\_

Date of the original Appeal Panel decision: *(y/m/d)* \_\_\_\_\_

**Requests for review must be filed within twenty-one (21) days of the date of the appeal panel decision.**

Reason *(please mark your choice and explain. Use extra paper for more space.)*

You believe the Appeal Panel made a mistake in interpreting the Workers' Compensation Act S.Y. 2008 or the *Occupational Health and Safety Act* R.S.Y. 2002. Please identify the section(s) of legislation and explain.

\_\_\_\_\_

\_\_\_\_\_

You believe the Appeal Panel incorrectly applied policy. Please identify the policy or policies and explain.

\_\_\_\_\_

\_\_\_\_\_

You have new, substantive evidence that you believe will change the original Appeal Panel decision. *Please give a brief summary.*

\_\_\_\_\_

\_\_\_\_\_

## B - REPRESENTATION

Do you intend to represent yourself?  Yes  No ***(Please complete and attach form "Authorization for Representation")***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.