



YUKON WORKERS'
COMPENSATION
HEALTH AND
SAFETY BOARD

SUBJECT: _____

POLICY NO: GC-05

BOARD APPROVAL: _____

APPROVAL DATE: _____

BOARD ORDER NO.: _____

EFFECTIVE DATE: _____

Oct 20/99

Oct 20/99

REVOKED

AUG 17 2001

POLICY STATEMENT

SECTION 17, 18, 44, 68, 97
REFERENCE: 1992 *Workers' Compensation Act*

14, 15, 16, 29, 30, 31, 47.1
Occupational Health and Safety Act

POLICY: REVIEWS AND APPEALS

GENERAL INFORMATION

The *Workers' Compensation Act* gives a worker, a dependent of a deceased worker, and a worker's employer the right to request a review of a decision made concerning a claim for compensation. The review is conducted by senior staff of the board, appointed by the President to sit on the Internal Review Committee. The parties have the right to appeal the Internal Review Committee's decision to an Appeal Panel composed of members of the Board.

The *Workers' Compensation Act* gives employers the right to appeal board decisions relating to assessments to an Appeal Panel composed of members of the Board.

Under the *Occupational Health and Safety Act*, workers, employers, and trade unions representing workers may appeal decisions, orders and refusals to give orders relating to Occupational Health and Safety matters. An alleged offender who is served an administrative penalty may appeal it to an Appeal Panel.

The appeal process ensures that decisions made by the board are fair, just and consistent with the legislation and policies under which they were made.

POLICY

A. PRINCIPLES OF THE REVIEW AND APPEAL PROCESS

- (a) The Workers' Compensation Health and Safety Board is bound by the *Workers' Compensation Act*, the *Occupational Health and Safety Act* and Board policy.
- (b) Proceedings shall be conducted in accordance with the applicable Rules of Procedure (Appendices A and B).
- (c) The board shall endeavour to keep proceedings open and accessible to all parties.

B. CHANGING A DECISION BEFORE A HEARING

Nothing in this section removes the right of a party to request an internal review or to appeal a decision.

- (a) At the request of a party or upon receipt of a notice of review or appeal,
 - (i) the Supervisor may review and recommend changes to a **claims decision**;
 - (ii) the Supervisor may review and recommend changes or vary an **assessment decision**.
- (b) At the request of a party, upon the recommendation of the Supervisor, or upon receipt of a notice of review or appeal of their decision, Adjudicators and Financial Services Managers may review and vary their decisions.
- (c) When an Adjudicator or a Financial Services Manager changes a decision, they shall immediately inform their Supervisor and all parties of the changes to the decision.
- (d) The Supervisor shall inform the party of any changes they make or authorize to an assessment decision.

C. NEW EVIDENCE

- (a) A party who obtains new evidence concerning their **claims** or **assessment** matter may submit that evidence to:
 - (i) the Adjudicator or the Financial Services Manager who made the initial decision; or
 - (ii) the Internal Review Committee, once a notice is filed for an internal review; or

Board Approval	
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- (iii) the Appeal Panel, once a notice is filed for an appeal.
- (b) When an Adjudicator or Financial Services Manager receives new evidence, they may review and vary the original decision. This action does not remove the party's right of review or appeal.
- (c) When new evidence is requested during a hearing, the Internal Review Committee or the Appeal Panel may adjourn the hearing and reconvene at a later date when the evidence is obtained.

APPENDICES

A – Rules of Procedure for the Workers' Compensation Health and Safety Board

B – Rules of Procedure for the Internal Review Committee

Forms:

- A1 – Notice of Claim Review to the Internal Review Committee (IRC)
- A2 – Notice of Claims Appeal of an Internal Review Committee (IRC) decision
- A3 – Notice of Appeal of an Assessment decision
- A4 – Notice of Appeal of an Occupational Health and Safety matter
- A5 – Request for Reconsideration
- A6 – Authorization for Representative
- A7 – Request for Disclosure
- A8 – Employer Request for Disclosure
- A9 – Application to Withdraw a Review or Appeal
- A10 – Application to Postpone a Hearing

REFERENCES

Yukon Workers' Compensation Health and Safety Board:

OH&S Penalties Policy Statement

Illiteracy Policy Statement

Transitional Clause Policy Statement

Appeal Panel Counsel Policy Statement

HISTORY

1. *Worker's Compensation Act*, Chapter 16, in force January 1, 1993.
2. Policy, Appeals Policy Statement, effective February 16, 1994.
3. Policy, Appeals Policy Statement, amended October 15, 1996; effective October 15, 1996.
4. Policy, Appeals Policy Statement, amended April 29, 1999; effective June 1, 1999.
5. Policy, Appeals Policy Statement, amended October 20, 1999; effective October 20, 1999.

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**YUKON WORKERS'
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HEALTH AND
SAFETY BOARD**

401 Strickland Street
Whitehorse, Yukon Y1A 5N8
(867) 667-5645
1-800-661-0443

Request for Disclosure

I, (print your name) _____, request that the Yukon Workers' Compensation Health and Safety Board provide me with a copy of all information on my claim file.

File Number(s): _____

Please send this information to me or to my agent at the following address:

Worker/dependent: _____ phone number: _____

My agent: _____ phone number: _____

Address: _____

or:

check here if you wish to pick the material up in person from the receptionist.


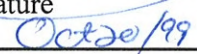
I understand that any information obtained by me under Section 19 of the *Workers' Compensation Act* (1992) shall be used solely for the purpose of reviewing or appealing matters respecting the above claim. Use of this information for any other purpose is an offense under the Act and may be subject to prosecution.

I understand that one copy of my file shall be forwarded to me without charge; however, additional copies are subject to an administration fee of \$50.00, plus 25 cents per page. Updates of new information shall be provided to me without charge upon receipt of a signed request from me.

Signature

Date

For more information, please call:
WCHSB: (867) 667-8872 or 1-800-661-0443 toll free

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Signature

Date

Note: The information collected from you is used only for the purpose of your appeal.



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Employer Request for Disclosure

I, (print your name) _____, request that the Yukon Workers' Compensation Health and Safety Board provide me with a copy of information on my worker's claim file:

Name of worker: _____

File Number(s): _____

Please send this information to me or to my agent at the following address:

Employer: _____ phone number: _____

My agent: _____ phone number: _____

Address: _____

or:

check here if you wish to pick the material up in person from the receptionist.

I understand that any information obtained by me under Section 19 of the *Workers' Compensation Act* (1992) shall be used solely for the purpose of reviewing or appealing matters respecting the above claim. Use of this information for any other purpose is an offense under the Act and may be subject to prosecution.

I understand that one copy of the worker's file shall be forwarded to me without charge; however, additional copies are subject to an administration fee of \$50.00, plus 25 cents per page. Updates of new information shall be provided to me without charge upon receipt of a signed request from me.

Signature

Date

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Application to withdraw a review or appeal

An application for an internal review or an appeal may be withdrawn.

Name: _____

Name of representative (if applicable): _____

Address: _____

City, Town: _____ **Postal Code:** _____

Tel. (H) _____ **(W)** _____

You are withdrawing an application for a review or an appeal regarding: *(please mark your answer)*

A compensation claim

Claim number: _____

An assessment matter

Name of company: _____ Account number: _____

An occupational health and safety matter

Name of company: _____

For what date is the hearing scheduled? _____

Signature

Date

For more information, please call:
WCHSB: (867) 667-8872 or 1-800-661-0443 toll free

Board Approval	
	
_____ <i>Signature</i>	
<i>Oct 20 1999</i>	
_____ <i>Date</i>	

Note: The information collected from you is used only for the purpose of withdrawing your review or appeal..



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Application to postpone a hearing

Parties may request to postpone a hearing for a review or an appeal up to 7 days before the hearing date. The Internal Review Committee (IRC) or the Board shall consider whether the application is reasonable, and may grant or refuse the party's request.

Name of party: _____

Name of representative (if applicable): _____

Address: _____

City, Town: _____ **Postal Code:** _____

Tel. (H) _____ **(W)** _____

You are requesting to postpone a hearing regarding: *(please mark your answer)*

A compensation claim

Claim number: _____

Is it an **IRC hearing** (level 1) ___ *OR* an **Appeal Panel hearing** (level 2) ___?

An assessment matter

Name of company: _____ Account number: _____

An occupational health and safety matter

Name of company: _____

For what date is the hearing scheduled? _____

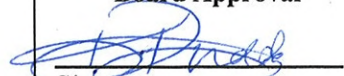
For when would you like to reschedule the hearing? _____

Explain why you are requesting to postpone the hearing. If you have documentation to support your application, please attach it. _____

Signature

Date

Board Approval



Signature
Oct 20/98

Date

For more information, please call:
WCHSB: (867) 667-8872 or 1-800-661-0443 toll free

Note: The information collected from you is used only for the purpose of considering your application for a postponement.