

Request for Reconsideration

This form must be completed and submitted to the board within the time limits set out in the Workers' Safety and Compensation Act. For information about timelines and the reconsideration process see Policy 6.1 Reconsiderations

CONTACT INFORMATION

I am the:				Worker	Worker's Representative*	Employer	Employer's Representative*
Applicant Name				Organization Name (if applicable)			
Applicant Mailing Address							
City		Territory/Province			Postal Code		
Applicant Email				Applicant Phone Number			

DECISION TO BE RECONSIDERED (must be filled)

Date of decision/order/penalty (dd/mm/year) _____

Decision about a Worker's claim	Worker Name	Worker Claim Number
Decision about Employer Assessment account	Employer Name	Employer Customer Number
Workplace Health and Safety a) decision b) order c) work refusal decision	Parties named in decision/order	Document identification number
Administrative Penalty	Person named	Penalty Number

REASON FOR REQUEST

My reasons why the decision/order/administrative penalty should be reconsidered are

DISCLOSURE OF FILE

To obtain a copy of the information in the custody of the board that is relevant to the request for reconsideration, you must submit a "Request for Disclosure" form to the board. This form can be obtained at www.wcb.yk.ca or by calling 667-5646. It may take up to 10 business days to process.

SIGNATURE

Applicant Signature

Date (dd/mm/yyyy)

**To represent a worker or employer an "Authorization for Representation" form must be provided. The form can be obtained at www.wcb.yk.ca.*

Information you provide to the Yukon Workers' Compensation Health and Safety Board is collected and used to administer the *Workers' Safety and Compensation Act* ("Act") for the purpose of this reconsideration under the authorization the *Act* and in compliance with the *Access to Information and Protection of Privacy Act*. If you have any concerns please contact us at 867-667-5646 or toll-free at 1-800-661-0443.