



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 (you must appeal within one hundred and eighty (180) days of this date) _____ (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.

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. _____

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.