

## AUTHORIZATION FOR REASSIGNMENT

14 Weymouth St, PO Box 757, Charlottetown, PE C1A 7L7  
 Phone: 902-368-5680 Toll-free: 1-800-237-5049

[wcb.pe.ca](http://wcb.pe.ca)  
 Fax: 902-368-5696

Claim #			
Worker's Name			Telephone Number
Address			City/Province
			Postal Code
Name of Representative:			
Address of Representative:			
Signature of Representative: (not required for option B)			
<b>Option A:</b>			
<input type="checkbox"/>	I hereby authorize the Workers Compensation Board to release my cheques to the representative indicated on this form. This authorization shall be in place from this date until I cancel the authorization in writing.		
<b>Option B:</b>			
<input type="checkbox"/>	I hereby authorize the Workers Compensation Board release the portion of Workers Compensation Benefits due to me totalling the amount indicated on this form.		
<b>Total Amount Authorized:</b>			
Worker's Signature:			
Date:			

Information on this form is required for the purposes of administering the *Workers Compensation Act* and collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, PO Box 757, Charlottetown, PE C1A 7L7, 902-368-5680 or toll free at 1-800-237-5049

## INSTRUCTIONS

1. **Claim #:**  
Enter the Claim Number of the worker making the appointment.
2. **Workers Name:**  
Enter the name of the worker making the appointment.
3. **Address/City/Province/Postal Code/Telephone Number:**  
Enter the contact information of the worker making the appointment.
4. **Name of Representative:**  
Enter the name of the representative to whom the benefits will be released.
5. **Address of Representative:**  
Enter the address of the representative to whom the benefits will be released.
6. **Signature of the Representative:**  
Have the appointed representative sign the form. For option B, the signature is optional.
7. **Option A:**  
Check the box under option A if all cheques will be released to the authorized representative for a period of time.
8. **Option B:**  
Check the box under option B if a portion of benefits will be released to the authorized representative.
9. **Total Amount Authorized:**  
For option B, enter the total amount to be released.
10. **Workers Signature:**  
The worker signs the form.
11. **Date:**  
The worker dates the form with the date of the signature.