Clear Form

Safety Matters @Work
Workers Compensation Board of PEI

Request For Internal Reconsideration

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca
(902)368-5680 Toll-free: 1(800)237-5049 Fax:(902)368-5696 Email: appeals@wcb.pe.ca

IMPORTANT: To request a reconsideration of a decision of the Workers' Compensation Board, you must complete and return this form **within NINETY (90) DAYS** of the date of the decision. (For decisions made after Apr 1, 2002).

CONTACT INFORMATION

Given Names	Last Name	Employer Name	
Address			
Home Phone	Work Phone	Claim Number	Firm # (if applicable)

RECONSIDERATION INFORMATION

I am:

- ☐ a Worker
- ☐ an Employer
- ☐ a Dependent or surviving spouse of a Worker
- ☐ a Court appointed guardian

I want to reconsider a:

- ☐ a claim decision
- ☐ an employer assessment or classification decision

RECONSIDERATION ISSUES (attach extra paper if required)

Issue 1	Date of Decision:	Name of Decision Maker:

State the reason why you disagree with the decision?

How do you believe this issue can be resolved?

Issue 2	Date of Decision:	Name of Decision Maker:

State the reason why you disagree with the decision?

How do you believe this issue can be resolved?

REPRESENTATION

☐ I will represent myself	☐ I will be represented by the Worker Advisor ☐ I will be represented by the Employer Advisor ☐ Other Representative

Representative's Name:	Phone Number:
Address:	
Representative's Signature:	Date:

READ BEFORE SIGNING

1. **If you have indicated you will have representation, all future correspondence will be sent to the representative and not the applicant.**
2. **Both you and your representative must sign this form.**
3. **Materials and submissions, arguments, or reasons must be submitted in writing with this form.**
4. **It is recommended you obtain a copy of the file.**

Applicant's Signature:	Date:
	Email:

Information on this form is collected for the purpose of processing requests for internal reconsideration under the authority of section 56 of 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, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049