

Request for Assistance

Injured Worker Appeal Services

The Injured Worker Appeal Services (IWAS), formerly known as Office of the Workers' Advocate, provides free and independent services to injured workers and their families with claims before the Saskatchewan Workers' Compensation Board (WCB). IWAS can:

- review your WCB claim and give advice on how to proceed;
- explain the claim and appeal process;
- assist you in preparing for an appeal, including analyzing legal issues, preparing arguments, assembling relevant evidence; and
- provide representation at all levels of the appeal process including speaking to the WCB, providing written submissions, and representing clients at an appeal hearing.

Your Information

First Name: _____ Last Name: _____

Date of Birth (dd/mm/yyyy): _____

Address: _____
Street/Box No. Apartment No. City/Town Province Postal Code

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

WCB Claim Information

WCB Claim Number(required): _____

Date of WCB Decision (optional): _____

Worker Occupation: _____

Area(s) of Injury:

Explain why you disagree with the WCB decision:

Applicant Declaration

If you have any questions regarding the declaration, please contact IWAS at 1-877-787-2456.

Claimant Terms of Agreement

I hereby request and authorize IWAS to assist me with my claim filed with the WCB.

I authorize IWAS to:

- Receive, store and review copies of all records, documents and other material in the possession of the WCB regarding my claim(s) as deemed necessary by the IWAS.
- Request and receive full disclosure of all records in the possession of any individual, business or other organization where the requested records, documents or other material are in the opinion of IWAS necessary to further my WCB claim.
- I understand my personal information will be protected by safeguards, in accordance with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.
- I have read the above and authorize IWAS to assist me with my claim filed with the WCB. I understand that I can revoke this authorization in writing at any time.

I agree

Signature of Claimant

Date (dd/mm/yyyy)

Please complete the form authorizing the release of medical information and provide a digital signature on the following page before emailing your completed form to appealservices@gov.sk.ca.

After you submit your complaint form and medical release, you will be notified when your case is assigned to an advocate. If you have any questions, please contact us at appealservices@gov.sk.ca, or call 1-877-787-2456.



Labour Relations and Workplace Safety

Injured Worker Appeal Services

300-1870 Albert Street

Regina, Canada S4P 4W1

Phone: 877-787-2456

Authorization to Release Medical Information

I, _____, authorize you to release my medical information that you have at your disposal to the following organization:

Injured Worker Appeal Services
300-1870 Albert Street
REGINA SK S4P 4W1

I understand the medical information you release to Injured Worker Appeal Services may include: written medical opinion(s); diagnostics/diagnostic reports; medical examination notes/reports; physical therapy reports; multi-disciplinary reports; clinic notes; etc.

I understand Injured Worker Appeal Services is collecting and using this information for the purpose of determining if there is merit to proceed with an appeal and/or as evidence included in an appeal on my behalf as it relates to issue(s) in relation to my Saskatchewan Workers' Compensation Board injury claim(s).

I understand that the information is collected, stored and utilized in accordance with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.

Date

Please type or print name

Signature

