



## Authorization for Reassignment

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7  
[www.wcb.pe.ca](http://www.wcb.pe.ca)

Phone: (902) 368-5680  
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:		

## INSTRUCTIONS

1.     **Claim #:**  
Enter the Case ID 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.