

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	Case ID # (if applicable)	Firm # (if applicable)

RECONSIDERATION INFORMATION

I am: <input type="checkbox"/> a Worker <input type="checkbox"/> an Employer <input type="checkbox"/> a Dependent or surviving spouse of a Worker <input type="checkbox"/> a Court appointed guardian	I want to reconsider a: <input type="checkbox"/> a claim decision <input type="checkbox"/> an employer assessment or classification decision
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RECONSIDERATION ISSUES (attach extra paper if required)

Issue 1	Date of Decision:	Name of Decision Maker:
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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:
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State the reason why you disagree with the decision?

How do you believe this issue can be resolved?

REPRESENTATION

<input type="checkbox"/> I will represent myself	<input type="checkbox"/> I will be represented by the Worker Advisor <input type="checkbox"/> I will be represented by the Employer Advisor <input type="checkbox"/> Other Representative
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Representative's Name:	Phone Number:
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Address:

Representative's Signature:	Date:
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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