

# Request for Assistance

## Office of the Workers' Advocate

The Office of the Workers' Advocate (OWA) offers a free of charge service to all workers in Saskatchewan who are injured and need assistance with their workers' compensation claims. They provide advice on workers' compensation claims and assistance preparing and presenting cases for review and appeal.

To request the services of the OWA, complete all the questions of the application below. You will need to provide your WCB claim number and authorization to release information. The OWA will contact you within two business days after receiving your application.

Have you contacted or received assistance from the OWA before?  Yes  No

### Claimant Information

Salutation:  Mr.  Ms.  Mrs.  Miss

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you:  The injured worker  A representative *\*please complete the Authorization for Representative Form*

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Contact Note (i.e., availability, best time to call, etc.): \_\_\_\_\_

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

Email Address: \_\_\_\_\_

### WCB Claim Information

WCB Claim Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Area(s) of Injury: \_\_\_\_\_

Date of WCB decision you disagree with (dd/mm/yyyy): \_\_\_\_\_

In your own words, describe why you disagree with this decision:

## Authorization and Request for Assistance

I hereby request the Office of the Workers' Advocate (OWA) in Saskatchewan to assist me with my claim filed with the Workers' Compensation Board of Saskatchewan (WCB).

Specifically, I authorize the OWA of Saskatchewan to (please check each box to indicate you agree with each declaration. All terms must be agreed upon to request for services):

- 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 OWA.
- 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 materials are in the opinion of the OWA necessary to further my WCB claim.
- Communicate directly with any individual, business or organization for the purpose of furthering my WCB claim.

I understand this authorization does not obligate the OWA to provide me with assistance or representation and I can revoke this authorization in writing at any time.

- I have read the above and authorize the OWA to assist me with my claim(s) filed with the Saskatchewan Workers' Compensation Board.

WCB Claim Number: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date (dd/mm/yyyy)



### Authorization for Representative

Please complete the following information if you are an injured worker and wish to use a representative for your Office of the Workers' Advocate Request for Assistance.

I, \_\_\_\_\_  
(name of injured worker)

authorize \_\_\_\_\_  
(name of representative)

to speak with the Office of the Workers' Advocate on my behalf, regarding my Workers'  
compensation claim number(s): \_\_\_\_\_  
\_\_\_\_\_

Should I wish to terminate this authorization, I will formally notify, in writing, the Office of the Workers' Advocate.

X \_\_\_\_\_  
Signature of Injured Worker

\_\_\_\_\_  
Date (dd/mm/yyyy)