

# 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, please complete the application below. You will need to provide your WCB claim number and authorization to release information. The Office of the Workers' Advocate will contact you within two business days after receiving your application.

*\*Required field*

### Claimant Information

Salutation: \_\_\_\_\_

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

\*Are you the injured worker?      Yes      No

If no, are you a dependent or representative of the claimant?      Yes      No

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

\*Main Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

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

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

## Information about your WCB claim

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

\*What decision do you disagree with? *Provide information including the date(s) of the WCB decision letter(s) you wish to appeal and the reasons of disagreement. (E.g., I wish to appeal the WCB decision letter dated May 22, 20XX. I disagree with the wage rate because...)*

## \*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 Worker's 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. If you have any questions regarding the declaration, please contact the OWA at 1-877-787-2456.*

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: \_\_\_\_\_

\*Date (dd/mm/yyyy): \_\_\_\_\_ \*Signature: \_\_\_\_\_