



NOTICE OF APPEAL

1. Application Information

Name (last name or company name)		First name or contact name if employer	
Address			
City/Town		Province or Territory	Postal Code
Telephone (home)		Telephone (work)	
Email		Fax	

2. Information about decision being appealed (Please check appropriate box)

I am the worker. When I was injured I was employed by _____
Type of injury _____

I am the worker's dependent. The worker's name is _____
At the time of the injury, the worker was employed by _____

I am the employer. The worker's name is _____
Type of injury _____

Claim Number(s): _____

Date of decision(s) being appealed _____ **Attach a copy of the decision(s) being appealed**

Would you prefer: (**check one**)

An oral hearing in front of an appeal committee of the Tribunal.

A documentary review hearing based on the documents in your file. Your presence is not required.

3. Representation (Please check appropriate box)

I will be representing myself in this appeal.

I have a representative. Complete the following information.

Name of Representative _____

Company, Association or Organization Name _____

Address _____

Phone No. () _____ Fax No. () _____

Note: Legal fees and expenses are the responsibility of the appellant and will not be paid by WCB or the Tribunal.

4. Reasons for Appeal

It is important to be as specific as possible. Attach additional pages if necessary.

I disagree with the decision because:

5. Changes Being Sought

Please state the solution or remedy you are looking for on each decision identified. **Be specific. Provide as much detail as possible.**
(For example: *Disability benefits from June 30, 2004 to April 6, 2005*)

Note: Pursuant to the Tribunal's Rules of Procedure, failure to specifically set out the changes being sought will result in your Notice being rejected.

6. Witnesses

If you plan to have witnesses testify at the hearing, provide names, addresses and telephone numbers along with a summary of the evidence each witness will give. Attach to this form.

7. Additional Information

Will you be providing additional written submissions, information or evidence not included in your claim file? Yes No

Information, submissions or evidence must be provided to the Tribunal and other parties 7 days before the hearing.
(Evidence or information not provided 7 days in advance will not be accepted into the hearing.)

8. Other WCB Claims

I have previous WCB Claims? Yes No

If "Yes" list which Board and claim number(s). *Attach a separate sheet if needed*

Note: Employers should only list claims involving the same worker.

9. Certification and Authorization

For workers: I authorize Yukon Workers' Compensation Health and Safety Board to release any and all of my claim files, relevant to this appeal, to the Workers' Compensation Appeal Tribunal. All information gathered will be for the purpose of this appeal only.

Employers: For disclosure of worker's claim files, contact Yukon Workers' Compensation Health and Safety Board.

I confirm the information on this form is correct and complete.

Signature of Appellant

Date (yyyy-mm-dd)

Check here if more pages are attached