



**Important:** A request for review of a WorkSafeBC decision or order on a:

- **Claim or assessment** matter must be submitted within **90 days** of the date the decision was made
- **Occupational health and safety or claims cost levy** matter must be submitted within **45 days** of the date the decision or order was made



Worker's last name	First name	Middle initial	WorkSafeBC claim number
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### Contact information (Please contact the Review Division in writing if this information changes.)

I am the <input type="checkbox"/> Worker		<input type="checkbox"/> Employer — My title/position is		<input type="checkbox"/> Other (please describe)	
Last name		First name		Employer's name	
Mailing address					
City				Province	Postal code
Work phone number (include area code)		Home phone number (include area code)		Fax number (include area code)	
Email address					

### I request a review of the following WorkSafeBC decision (Please attach a copy of the decision(s) to this application.)

Please check (✓) one and fill out the requested information in that row.		
<input type="checkbox"/> Claim decision	▶ WorkSafeBC claim number(s)	Decision date (yyyy-mm-dd)
<input type="checkbox"/> Employer assessment decision	▶ Employer account number(s)	Decision date (yyyy-mm-dd)
<input type="checkbox"/> Prevention decision	▶ Employer account number(s)	Order number
	▶ Report number	Order date (yyyy-mm-dd)

### Reason for review

(If there isn't enough space below, additional pages may be attached.)

Are more pages attached?

Yes  No

Please be specific about your reason for review and the outcome you are seeking



# Request for Review

## Review Division

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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### Review method

Read and review is the standard method of review. The review officer reads all submissions received from you and other parties to the review, as well as the WorkSafeBC decision and file, and obtains any additional information in order to make a decision. This method may involve telephone contact with you and other parties in order to clarify issues and gather more information.

In most cases, reviews are decided without an oral hearing. However, in some cases, the review officer may decide that an oral hearing is required, in order to make a decision.

If you believe an oral hearing is necessary or that telephone contact is required, please advise below and provide your reasons

### Disclosure (copy of WorkSafeBC file)

Once it is confirmed that you have a valid reviewable matter, you will receive an email notification when the WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

No access to email      Please check (✓) the box if you are a worker without email access.  
 If you select this box, your claim file will be delivered by Canada Post.

### Representation (Please contact the Review Division if this information changes.)

Please check (✓) one       I will represent myself in the review process       I have a representative who will handle this review

**If you are represented, fill in responses below.**

Representative's name

Name of representative's organization

Representative's mailing address

City	Province	Postal code
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Representative's phone number (include area code)      Representative's fax number (include area code)

Representatives Email address

### Authorization

"I request a review under the *Workers Compensation Act*. I acknowledge the Review Division may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also acknowledge that WorkSafeBC will disclose information related to this review to the other parties to this review for the express purposes of this review. Further, I authorize the representative identified above to act on my behalf for the purposes of this review, including providing evidence and making submissions. I understand that it is a serious offence to knowingly provide false information in order to induce WorkSafeBC to make a particular decision."

Applicant's name (please print)	Applicant's signature	Date signed (yyyy-mm-dd)
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Please send this form to - **Review Division** via mail or fax — **not both**.

**Review Division**

Phone 604.214.5411  
 Toll-free in B.C. 1.888.922.8804  
[worksafebc.com](http://worksafebc.com)

**Fax**

604.232.7747  
 Toll-free 1.855.433.9728

**Mail**

Review Division  
 WorkSafeBC  
 PO Box 2071 Stn Terminal  
 Vancouver BC V6B 3S3

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.



## Request for Review Review Division

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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### Checklist before sending in your Request for Review

Have you	
<input type="checkbox"/> Attached a copy of the decision letter you wish to have reviewed?	<input type="checkbox"/> Included an up-to-date authorization if the representative is signing the Request for Review form? Authorizations from representatives are valid for a period of two years.
<input type="checkbox"/> Signed the Request for Review form?	<input type="checkbox"/> Faxed the Request for Review form? If so, please <b>do not</b> mail the original, as only one copy is required by our office. <b>Please keep your fax confirmation sheet.</b>

Thank you for completing these steps. This will assist us in the timely processing of your Request for Review.

If you have any questions or are unclear about what information to provide, please contact the Review Division at 604.214.5411 or toll-free in B.C. at 1.888.922.8804.