

WCB-ALBERTA

# Worker Handbook

MAY 2009

Your forms & guide to WCB-Alberta  
injury reporting,  
benefits and services



Workers'  
Compensation  
Board

Alberta

*Working for a safe, healthy, strong Alberta*

## Our vision, *Albertans working – a safe, healthy and strong Alberta,*

is about reducing the impact a work-related injury or illness has on you, your family, and your employer.

We understand the impact injuries have on working Albertans like you, and will help you return to a full and productive life as quickly and safely as possible after an injury. We will achieve this vision through our:

### Commitment to Fairness

We protect workers and employers by providing no-fault coverage. We will provide clear decisions and consistent interpretation of the *Workers' Compensation Act*.

### Focus on Return to Work

We work with you to develop case plans that set appropriate recovery goals. By providing needed benefits and services, and assisting employers in developing disability management and modified work programs, we help achieve a safe return to work.

### Leveraging Prevention

We offer employer programs that encourage and reward workplace safety and good disability management.

### Financial Stability

We maintain a fully-funded system, ensuring benefit security for workers and affordability for employers.



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**Report an injury online.**  
Go to [www.wcb.ab.ca](http://www.wcb.ab.ca) myWCB for Workers.

**View your payments online.**  
Go to [www.wcb.ab.ca](http://www.wcb.ab.ca) myWCB for Workers.  
You can find out:  
1. If your claim has been accepted.  
2. When you will receive your next payment.  
(more information on page 10)

# What happens if you are injured at work?

1

## Tell Your Employer

*details of your injury*

After receiving notice, your employer must report your injury to WCB-Alberta within 72 hours if:

- you need medical treatment other than first aid, or
- you cannot do your job beyond the day of injury.

2

## Tell Your Health Care Provider

*you were injured at work*

Your doctor or chiropractor must report your injury to WCB-Alberta within 48 hours.

3

## Tell WCB

*Send your Report of Injury form to WCB right away!*

Report online at [www.wcb.ab.ca myWCB for Workers.](http://www.wcb.ab.ca/myWCB)

or  
Fill out the form included in this handbook.

*WCB-Alberta registers your claim (expect a letter in 5–7 days)*

### Claim not accepted

The legislative and policy requirements were not met by the information collected. You will be advised of the reason by phone and in writing. You may submit more information or ask for an internal review of the decision within one year.

*Appeal process*

### Claim accepted

The legislative and policy requirements were met. Benefits and services may include:

- Wage loss replacement
- Medical costs
- Case management services
- Return-to-work assistance

#### Time lost claims

WCB-Alberta assigns your claim to an **adjudicator** who makes the initial benefit decisions.

If you need additional rehabilitation support to return to work, your claim may be transferred from an adjudicator to a **case manager**.

#### No time lost claims

If you have not missed work past the day of injury, a **claim process team** will monitor your medical treatment.

# What is workers' compensation?

The *Workers' Compensation Act* is the provincial legislation that regulates the Workers' Compensation Board.

The Workers' Compensation Board - Alberta (WCB-Alberta) is a neutral body tasked with administering the *Workers' Compensation Act* in Alberta. You can review the Act online at [www.wcb.ab.ca/public/policy/legislation.asp](http://www.wcb.ab.ca/public/policy/legislation.asp)

## Guiding principles of the workers' compensation system

### **No fault compensation**

Workers are eligible to receive benefits for work-related injuries no matter who is at fault.

### **Collective liability**

All employers in covered industries share responsibility for funding the cost of workers' compensation insurance.

### **Immunity from lawsuits**

Participating employers and workers have immunity against lawsuits for work-related accidents by others who participate in this system.

### **Exclusive jurisdiction**

The Workers' Compensation Board has exclusive legal authority to make all decisions arising under the *Workers' Compensation Act*.

### **Fair compensation and fair premiums**

Compensation should be fair and take into account both the nature of the injury and the impact on employment earnings. Premiums should be fair and competitive and account for full-funding of claims, reserves, and the costs of administering the system. The workers' compensation system is a liability and disability insurance system designed to protect both workers and employers against the impact of work-related injuries.

### **Benefit of doubt to worker**

Adjudication decisions are made in favour of the injured worker where all evidence for and against is equally balanced.

### **Comprehensive injury prevention and disability management**

The system provides a comprehensive range of services to both prevent injuries and manage disabilities.

### **Long-term stability, financial security and cost effectiveness**

The system is structured and operated in ways that ensure its long-term stability and financial security as well as its overall cost-effectiveness.

# Know your rights as a worker

WCB-Alberta is committed to upholding the rights of workers and employers under the Act, and to helping workers and employers exercise these rights.

## You have the right to:

- **Fairness and impartiality** on any issue arising under the Act.
- **Question or review a decision** within 12 months of the date of decision.
- **Presumption of honesty** unless shown to be otherwise.
- **Courtesy and consideration** from all WCB-Alberta staff.
- **Access to information.**
- **Privacy and confidentiality.**

# Protecting you and the system

Stakeholders and service providers are presumed honest in their dealings with WCB-Alberta, but those who choose to intentionally abuse the system face the possibility of criminal and civil proceedings, as well as fines.

## What you can do to help prevent system abuse:

- Know your rights as a worker.
- Ask your employer if the business has workers' compensation insurance for its employees.
- Tell your employer if you're injured at work.
- Report your injury online or on the *Worker's Report of Injury or Occupational Disease* form included in this booklet, and send it to WCB-Alberta.
- Call WCB-Alberta if anyone tries to persuade or intimidate you not to file a claim.
- Report to WCB-Alberta if workers' compensation premiums are being deducted from your pay cheque.
- If you're assigned an adjudicator or case manager keep them informed of your medical treatment.
- Work with your case manager and your employer to develop a return-to-work plan.

# Who is covered?

Employers and workers in most industries are covered by workers' compensation. However, some industries do not require coverage, and are listed in the Regulations to the *Workers' Compensation Act*. If you're not sure, ask your employer or call WCB-Alberta to find out if your employer should have coverage for you.

## Definition of a Worker

A person who enters into or works under a contract of service or apprenticeship, written or oral, express or implied, whether by way of manual labour or otherwise, or considered by WCB-Alberta to be a worker.

## About WCB-Alberta Coverage

- You are covered whether you are a full-time, part-time, temporary or casual worker.
- You have no waiting period for coverage to begin.
- WCB-Alberta uses earnings information provided by you and your employer on the *Report of Injury or Occupational Disease* forms.
- If you are paid in cash, WCB-Alberta needs proof of this pay to determine your compensation. If required, WCB-Alberta will ask you to provide the earnings you report to the Canada Revenue Agency for a period prior to the time of your injury.
- Your wage replacement benefits are based on your confirmed earnings at the time of the accident.

## Self-employment

If you own a business, are a partner in a business with workers, or if you are the director of a corporation or society, you are not automatically eligible for workers' compensation benefits. However, you can receive compensation benefits if you purchase Personal Coverage. For more information go to our website at [www.wcb.ab.ca/pdfs/employers/EFS\\_Personal\\_Coverage.pdf](http://www.wcb.ab.ca/pdfs/employers/EFS_Personal_Coverage.pdf).

## Protection from Lawsuit

If you are covered by workers' compensation insurance, you cannot be sued or sue the person or company responsible for your injury if they are also covered by workers' compensation.

If your injury was caused by a company or person not covered by the Act (a third party), WCB-Alberta may take legal action against the third party on your behalf. A representative of the Legal Services department will contact you if it appears legal action is warranted. If you do not hear from a representative, or have any questions regarding the Third Party Program, please call WCB-Alberta's Legal Services at 780-498-8660.

# Reporting an Injury

## When to report an injury

You should report your injury as quickly as possible after reporting to your employer, but have a maximum of two years. If your injury is not reported, WCB-Alberta has no record of your claim. Your employer is required by law to report to WCB-Alberta within 72 hours of acquiring knowledge that a work-related injury occurred.

## How to report an injury:

1. Log-on to our electronic reporting service available on myWCB online services.  
Go to [www.wcb.ab.ca](http://www.wcb.ab.ca) *myWCB for Workers*.  
*or*
2. Fill out the *Worker's Report of Injury or Occupational Disease* form located in this booklet and fax it to 780-427-5863 or mail to:

WCB-Alberta  
PO Box 2415  
Edmonton AB T5J 2S5

## Injuries that require reporting

WCB-Alberta covers work-related injuries or diseases that cause you to need medical aid or time away from work. These include:

- Injuries that cause (or are likely to cause) you to be off work beyond the day of injury.
- Injuries that require modified work beyond the day of injury.
- Injuries that require medical treatment beyond first aid (e.g., physical therapy, prescription medications, chiropractic).
- Injuries that may result in a permanent disability (e.g., amputations, hearing loss).

## Types of injuries or diseases considered work-related

- **Traumatic injuries** – These injuries happen suddenly, causing trauma to the body. Broken bones, severe cuts, and burns are some examples of traumatic injuries.
- **Injuries caused by repeated activities** – These injuries include strains or sprains caused by doing the same activity over and over again. For example, an assembly line worker may develop tendonitis in the wrist as a result of job duties.
- **Occupational diseases** – These diseases are caused by some condition at the worksite. For example, coal miners may develop black lung disease as a result of their jobs, or a nurse may become infected with HIV from a contaminated needle.
- **Re-injury** – Re-injury occurs when you hurt an old workplace injury during work. If you have a recurrence or trouble working because of an old work-related injury, call WCB-Alberta to find out if you should file a new claim or report the injury as part of your old claim.

## Types of injuries or diseases not considered work-related

- Pre-existing or underlying health problems (diabetes, arthritis, old sports injuries, etc.).
- Injuries that occur while routinely commuting to and from work.
- Injuries arising from serious and willful misconduct (WCB-Alberta reviews each case individually).
- Injuries that happen outside of work.

*If you believe your injury is work-related, it should always be reported. WCB-Alberta reviews claims on a case-by-case basis to determine whether the reported injuries are covered. Benefits cannot be paid if the injury is not work-related.*

## Working for an Alberta employer in another province

If you work for an Alberta employer but are injured in another province, you may have the right to elect which compensation board administers your claim before you report. See the *Right of Election* form C169 on our website, [www.wcb.ab.ca/pdfs/workers/C169.pdf](http://www.wcb.ab.ca/pdfs/workers/C169.pdf)

# The Claims Process

## After you report an injury

After receiving the required reporting forms from you, your employer and your doctor, WCB-Alberta confirms you are covered and processes the claim as quickly as possible to determine appropriate compensation benefits for you. **Your employer is responsible to pay you for the day the accident occurred.**

## Receiving notification from WCB-Alberta

If your claim is registered with all of the required information, you can expect to receive a confirmation letter from WCB-Alberta within seven working days. **Your first payment should arrive in approximately 14 days.**

## How WCB-Alberta classifies your injury

1

No time lost claim (NTL)

or

2

Time lost claim (TL), short term

or

3

Time lost claim, (TL), long term

You continue with regular duties without losing time from work beyond the day of injury and do not have a permanent disability. You may be on modified work, but still not miss any time from your job.

You have lost a few days of work and recovery is expected to be uneventful. You may be on modified work.

You have lost time from work and will need additional rehabilitation support to return to work due to the severity of the injury.

## Working with WCB-Alberta

**CLAIM PROCESSING TEAMS** handle no time lost claims (see previous page). These teams:

- Send a letter within 7 working days informing you that a claim has been set up.
- Approve medical costs and treatment (such as physical therapy, chiropractic).
- Review letters, reports and modified work for evidence that a claim may require more complex adjudication.

*If you have a no time lost claim, you can call the Claims Contact Centre (see the back cover for contact information) for all inquiries or updates involving your claim.*

**ADJUDICATORS** handle short-term time lost claims (see previous page). Adjudicators:

- Make initial decisions on benefits.
- Send a letter within 7 working days informing you of the status of your claim and the benefits you are eligible to receive.
- Set your compensation rate and issue your wage replacement benefits every two weeks until you are fit to return to work.

*If you have been assigned an adjudicator, you can call them directly for all inquiries or updates involving your claim.*

**CASE MANAGERS** handle long-term time lost claims transferred from adjudicators (see previous page). Case managers:

- Handle transferred claims.
- Verify your compensation rate and confirm your benefit entitlement.
- Develop a return-to-work plan and help you set return-to-work goals.
- Continue to coordinate WCB-Alberta benefits, disability management programs and return-to-work services.

*If you have been assigned a case manager, you can call them directly for all inquiries or updates involving your claim.*

## General information about your claim

### 1. View your claim information online

If you have received 2 letters, one containing your claim number and a second letter with a temporary password, you can go online Monday to Friday from 7 a.m. to 7 p.m. to find out if your claim has been accepted, and when your next payment will be mailed to you or deposited directly into your bank account. Go to [www.wcb.ab.ca/myWCBforWorkers](http://www.wcb.ab.ca/myWCBforWorkers) to log in, or visit [www.wcb.ab.ca/workers/online\\_view\\_claim.asp](http://www.wcb.ab.ca/workers/online_view_claim.asp) for more information.

*or*

### 2. Call the Claims Contact Centre

To find out if your claim has been accepted, to check the status of your payment, or to provide medical updates (see the back cover for contact information).

## Providing new information about your claim

You can call the Claims Contact Centre (see the back cover for contact information) or go our website *Contact Us* page under *Worker inquiries* to provide medical updates or new information about your claim. Due to our commitment to protecting client information under the *Freedom of Information and Protection of Privacy (FOIP) Act*, WCB-Alberta does not email claim specific information. Please call your adjudicator, case manager or the claims contact centre to discuss.

## Your responsibilities after filing a claim

- Use your claim number when you write letters or call WCB-Alberta.
- Follow the treatment plans developed by your health care providers.
- Keep your appointments with your health care providers (physicians, physiotherapists, chiropractors, etc.).
- Talk to your physician about your progress so you understand when you can return to work.
- Inform WCB-Alberta of any changes in your medical recovery.
- Talk to your employer regularly about your progress. Ask about modified work and return-to-work options.
- Tell WCB-Alberta when your doctor tells you that you are fit to return to work. If you do return to work early, make sure you understand and follow any work restrictions so your re-employment is safe for both you and others.
- Advise WCB-Alberta if you stop working or need to change your duties because of your injury.
- Keep receipts for costs directly related to your workplace injury.
- Advise WCB-Alberta if you will be leaving the province or moving out of Alberta.

## Your employer's responsibilities

- Report your injury to WCB-Alberta within 72 hours of being notified and give you a copy of the report.
- Pay your regular salary for the day the injury occurred. Workers' compensation benefits begin the day after you are injured on the job.
- Provide or pay the cost of your immediate transportation from the injury site to a medical treatment facility.
- Keep accurate first aid records and give you a copy of the accident record.
- Have WCB-Alberta *Worker's Report of Injury or Occupational Disease* form available for you.

## Your health care providers' responsibilities

- Send their reports to WCB-Alberta within two working days of treatment.
- Help you understand what is wrong and what can be done to assist your recovery and return to work.
- Work together with you, your other health care providers, and WCB-Alberta to develop an effective return-to-work plan.

# Understanding Benefits

WCB-Alberta reviews each claim individually. WCB-Alberta considers the seriousness of your injury and applies the Workers' Compensation Act and WCB-Alberta policies to determine the benefits and services you will receive.

## Types of compensation benefits

### 1. Wage replacement for lost income

- Disability benefits based on 90 per cent of your net earnings, up to a maximum amount set by WCB-Alberta's Board of Directors for the year of your accident.
- Net earnings are your usual wages, less an amount for income tax, CPP, and Employment Insurance contributions, up to the yearly maximum amount.
- WCB-Alberta does not pay for union dues, Alberta Health Care, or any deductions you normally pay.
- Wage replacement is paid only while you are totally disabled by the work injury or illness. If you are able to work you are no longer eligible for wage replacement benefits.

2009 Wage Replacement Benefits	
Gross Earnings <i>(before taxes/deductions – after expenses if self-employed)</i>	Approximate Monthly Compensation Rate
\$20,500.00 .....	\$1,326.51
\$25,000.00 .....	\$1,562.73
\$30,000.00 .....	\$1,825.19
\$35,000.00 .....	\$2,087.66
\$40,000.00 .....	\$2,339.00
\$45,000.00 .....	\$2,579.28
\$50,000.00 .....	\$2,834.28
\$55,000.00 .....	\$3,089.28
\$60,000.00 .....	\$3,344.28
\$64,600.00 .....	\$3,578.88
\$68,500.00 .....	\$3,777.78
\$72,600.00 .....	\$3,986.88

## 2. Medical Aid

WCB-Alberta covers the costs of medical aid required as a result of a workplace injury or illness, including hospital care, medical attention, medication and surgery.

## 3. Other Benefits

Depending on your circumstances, you may be eligible for additional benefits as a result of your injury. Please check with WCB-Alberta to find out if you are eligible for:

- Artificial limbs
- Braces
- Chiropractic/Physical therapy
- Clothing, if damaged by the accident
- Crutches/Canes
- Dental treatment or dentures
- Eyeglasses, if damaged by the accident
- Hearing aids and other aids
- Medical examinations, X-rays and tests
- Medical travel (under some circumstances)
- Prescription medication costs
- Prosthetics
- Orthotic alteration of footwear
- Vocational rehabilitation services
- Lump-sum payment for permanent disability or impairment
- Allowances for self-care and home maintenance

## 4. Fatalities

If an accident is fatal, partial expenses for burial, cremation and memorial services, and benefits for eligible dependents are provided.

## How your benefits are paid

WCB-Alberta pays compensation benefits directly to you. However, your employer can arrange to continue paying your wages when you are injured. In return, WCB-Alberta sends your benefit cheques to your employer to reimburse your employer for the money they pay you.

### Direct deposit

Compensation benefit payments can be made to you by direct deposit, a service where payments are deposited directly into your designated bank account on the specific payment date. This convenient service is provided by WCB-Alberta at no charge.

To request direct deposit go to [www.wcb.ab.ca/workers/direct\\_deposit.asp](http://www.wcb.ab.ca/workers/direct_deposit.asp) and fill out the *Request for direct deposit C078* form or call the Claims Contact Centre (see back cover for contact information). Fax your form and void cheque to a WCB-Alberta secured fax number 780-498-7776 to ensure privacy of your personal information.

## Important information about your benefits

- **Workers' compensation benefits start the next working day after you are injured.**  
Your employer must pay you for the entire day the injury happened.
- **You should receive your first wage loss benefit payment from WCB-Alberta within 14 days of WCB-Alberta registering your new claim.**
- **You will be paid wage replacement benefits** as long as medical evidence shows you are unable to return to work due to your injury.
- **Compensation benefits are not taxable.** However, you must report your workers' compensation benefits to the Canada Revenue Agency. WCB-Alberta sends you a T5007 by the end of February for your tax claim for the previous year.
- **Compensation benefits are protected from inflation.** Every year WCB-Alberta reviews long-term workers' benefits and determines if a cost of living increase should be applied.
- **Compensation benefits may include earnings from a second job.** If you had your second job while you were injured, and your injury prevents you from doing the second job, WCB-Alberta will also consider those earnings when setting your compensation rate. Tell WCB-Alberta about your second job.

### Remember:

We may need more information from you to decide which benefits you can receive, so it's a good idea to keep track of information related to your claim.

#### Keep a record of:

- The names of health care providers
- Medications
- Health care appointments
- Health care treatments
- Expenses related to your claim
- Time lost from work

#### Keep copies of:

- Receipts for expenses related to your claim (original receipts are needed to reimburse you for costs related to your workplace injury)
- Doctors' notes
- Information you send WCB

## Traveling out of province while on compensation benefits

You may leave the province for a short time if your doctor and WCB-Alberta confirms that your trip will not delay your recovery.

## Moving out of province while receiving compensation benefits

If you move out of Alberta, your wage replacement benefits will not change unless the move delays your recovery and return to work. You must remain in regular contact with WCB-Alberta.

# Return-to-Work Planning

## Returning to work

If medical information suggests you are ready to return to your pre-accident occupation, WCB-Alberta will confirm your return-to-work date with you and your employer.

If medical information suggests you will likely return to your pre-accident occupation, but you have temporary restrictions, WCB-Alberta will discuss with your employer the possibility of modified work.

## Modified work

If you have temporary restrictions, WCB-Alberta will discuss with your employer the possibility of modified work. Modified work promotes an early and gradual return to your pre-accident employment. This might mean working less hours, performing fewer tasks or entirely different tasks.

## Reasons you may not return to work

### 1. Injuries prevent you from returning to your job

- If medical information suggests you are unlikely to return to your pre-accident occupation, WCB-Alberta will help you assess your job future with your accident employer. Following the assessment, WCB-Alberta may also discuss a change of occupation with a new employer.
- Your employer may not be required to hold your job; we encourage employers to do so. We will work with you, your employer, and health care providers to develop a return-to-work plan.
- WCB-Alberta will review your claim to decide what return-to-work assistance you are eligible for.

### 2. Poor job market

- If you cannot return to work because of a poor job market or another reason not related to your injury, your workers' compensation benefits may not cover you. If this happens, you may need to apply for another type of insurance coverage such as federal Employment Insurance.

### 3. You choose not to return to your job

- When your adjudicator or case manager confirms you are medically fit to return to work, you are no longer eligible for wage replacement benefits. If you decide you are not going to return to work, WCB-Alberta will review your entitlement to other benefits, if any.

## Return-to-work services

WCB-Alberta will review your claim to decide what return-to-work service assistance you are eligible for. Some examples include:

- Training on the job - WCB-Alberta can support your employment with a new employer by subsidizing your wage for a few months depending on the training requirements.
- Academic or technical training assessment.
- Job focus assessment.
- Job search skills development.
- Supported job search.
- Career counseling.
- Employment search program.
- Ergonomic assessment – An assessment of an existing work environment to determine any changes or modifications that can be made to ensure a safe return to employment.

# How the *Freedom of Information and Protection of Privacy (FOIP) Act* affects you

The Workers' Compensation Board is subject to the *Freedom of Information and Protection of Privacy (FOIP) Act*. The FOIP Act aims to balance the public's right to know and the individual's right to privacy, as these rights relate to information held by public bodies in Alberta.

All information in the custody or control of WCB-Alberta is subject to the FOIP Act. Under FOIP legislation, WCB-Alberta is required to protect personal information from unauthorized collection, use and disclosure.

## Your personal information

The *Workers' Compensation Act* gives WCB-Alberta the authority to collect relevant personal information from you and other sources. This information is placed in your file to help determine the benefits and services you may be entitled to receive. Information related to your claim costs is also used to help determine the premiums employers pay.

*Your personal information is protected under the Workers' Compensation Act and the Freedom of Information and Protection of Privacy Act. It cannot be released without your consent. However, WCB-Alberta is allowed to share personal information without consent*

*with other government departments or agencies such as Employment Insurance or Social Services, if authorized or required by law.*

## Survey data

To help WCB-Alberta improve services, we hire an independent research company to survey a sample of injured workers when their claims end. The research company may contact you to take part in the survey. The research company does not tell us who has been contacted and no names are attached to any of the survey responses.

# Questioning a Decision

You can always call us to talk about your claim. If you want us to review a WCB-Alberta decision on your claim, we have a collaborative review process. This section will explain the steps you can take to have a decision reviewed.

## Your claim file

You can receive one free copy of your claim file for the purpose of review or appeal. Simply call the Claims Contact Centre (see the back cover for contact information).

### Your claim file should include:

- All documents used to determine your workers' compensation benefits.
- Computer system notes outlining communication between you and WCB-Alberta employees who may be involved in the management of your claim.

### By request only

- A copy of your compensation rate screen and detailed cost report.
- Other records including services from Millard Health or the Office of the Appeals Advisor. You can request a free copy of your file by phoning their offices directly (see the back cover for contact information).
- All other records that contain your personal information, such as from Legal Services or Government Relations, are available under the *Freedom of Information and Protection of Privacy (FOIP) Act*.

Write to: **FOIP Office**  
PO Box 2415  
Edmonton AB T5J 2S5  
Phone: 780-498-4948 or 780-498-4958  
Fax: 780-498-4823

There may be a photocopying charge for records provided through the *FOIP Act*.

## Employer access to your claim file

You and your employer both have an interest in your claim and receive fair and equal treatment. Like you, your employer can hire an employer's advocate or a lawyer, and they can get one copy of your claim file from WCB-Alberta to participate in your review or appeal when issues could affect them directly. In fairness, if your employer does ask for a review of your claim, you will be notified and allowed to attend meetings involving your interests.

## Assistance with Claims

### Office of the Appeals Advisor

This service was established to provide independent advice, assistance and advocacy services for injured workers or their dependents. At any time, you can receive help with an appeal by contacting the Office of the Appeals Advisor (see the back cover for contact information). They can inform you about the appeals process and can act as your representative throughout. There is no charge for their services.

### Other Representation

You may also have a family member, friend, interpreter, injured worker advocate, labour union advocate, or lawyer act as your representative. To give WCB-Alberta permission to deal with your representative you must complete and send in the *Workers' Information Release* form in this booklet.

*It is in your best interest to make sure your representative understands the Workers' Compensation Act and WCB-Alberta's policies, and has training specific to this type of work.*

## The Review Process

You have three levels of decision review. A decision can be changed or upheld at any step in the process.

### **Step 1** Internal Review *Discuss with your adjudicator or case manager*

If you do not understand or agree with a decision on your claim, contact the adjudicator or case manager who made the decision and ask for a full explanation. You can provide them with additional information that may help to change the decision.

*If the decision is not in your favour you may move to step 2.*

## Step 2 Formal review *Dispute Resolution and Decision Review Body (DRDRB)*

A request for review must be made within 1 year of receiving the letter containing the original decision you are questioning.

### To start your request you may:

- Download and complete a Request for Review (G040) from our website at <http://www.wcb.ab.ca/pdfs/global/G040.pdf> or,
- Call our Claims Contact Centre and we will register your request and send you a form (see the back cover for contact information).

Mail it to: PO Box 2415  
Edmonton, AB T5J 2S5  
Fax it to: 1-800-661-1993  
780-427-5863 in Edmonton

When the form is received, a joint problem solving review committee will be formed including you or your representative, a Customer Service supervisor, and a specialist from the Dispute Resolution and Decision Review Body (DRDRB). After the review, you will be contacted with the decision.

*If the decision is not in your favour you may move to step 3.*

## Step 3 External Review Body *Appeals Commission – Independent from WCB-Alberta*

If you are not satisfied with the decision from the DRDRB, contact the Appeals Commission within one year from the date the written decision was made by the DRDRB.

The Appeals Commission is independent from WCB-Alberta and can be reached at:

### Edmonton

Energy Square  
#901, 10109-106 Street  
Edmonton, AB T5J 3L7

Phone: 780-412-8700

Fax: 780-412-8701

Hours: 8 a.m. to 4 p.m., weekdays

### Calgary

Braithwaite Boyle Centre  
403-1701 Centre Street North  
Calgary, AB T2E 7Y2

Phone: 403-508-8800

Fax: 403-508-8822

Hours: 8 a.m. to 4 p.m., weekdays

### Toll Free

For long distance calls within Alberta please use the Government of Alberta RITE operator at 310-0000.

Outside Alberta call  
1-866-222-4109.

## Publications and other resources

For more information about WCB-Alberta, worker fact sheets are available on a variety of topics at: [http://www.wcb.ab.ca/workers/workers\\_facts.asp](http://www.wcb.ab.ca/workers/workers_facts.asp)

# Injury Report Instructions

The numbers refer to question numbers on the form that may require additional explanation.

## Worker Information

Your duties have been modified if your employer made changes to regular job duties, as a result of an injury. For example, tasks or functions, workload (e.g., hours or work schedules), environment or work area, equipment.

Please indicate if you are working as an apprentice.

## Employer Information

Please complete all the information.

## Injury or Occupational Disease Information

### 1 Date and time of injury

If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

### 2 When was someone notified of your injury?

Please provide an accurate date and time someone from your work was made aware of your injury. Name the person, their position and their contact information.

If you could not report your injury immediately, please provide a reason.

### 3 Location of accident

Wherever the accident occurred, please provide a street address, if possible. Otherwise, indicate the location, such as 25 km east of Edmonton on Hwy 16, an oilrig site. If it is a motor vehicle accident, include the direction of travel. Check the appropriate box at the right to indicate whether the injury happened in Alberta.

### 4 Physical Demands

#### Sedentary

- Lifting 10 lbs maximum
- Occasional lifting and/or carrying
- Primarily sitting, with occasional walking/standing

#### Light

- Lifting 20 lbs maximum
- Frequent lifting and/or carrying up to 10 lbs
- May require significant walking/standing
- May involve sitting with pushing and pulling of arm and or leg controls

#### Medium

- Lifting 50 lbs maximum
- Frequent lifting/carrying up to 20 lbs
- May involve sitting with pushing and pulling of arm and/or leg controls

#### Heavy

- Lifting 100 lbs maximum
- Frequent lifting/carrying up to 50 lbs

#### Very Heavy

- Occasional lifting in excess of 100 lbs
- Frequent lifting/carrying excess of 50 lbs

Reference: The Canadian Classification and Dictionary of Occupations

### 6 Type of injury

Indicate the part of your body that was injured, what side of your body and what type of injury it is. When your doctor or chiropractor sends in your medical report we will confirm your injury.

### 7 Describe fully what happened to cause the injury

In your own words, tell us about your injury. If a repetitive strain injury, include your typical actions and how often you repeat them on the job – twisting, typing, pushing and pulling. If any lifting, indicate the weight.

*Example: I walked into our walk-in cooler to get a 50 lb. sack of potatoes. I bent down, picked up the sack, and turned to my right to leave. I felt a pull in my lower back and dropped the potatoes on my right foot. As a result, I injured my back and my right foot.*

Should you need more space than the area provided, please attach a letter.

**Call the Claims Contact Centre 780-498-3999 or 1-866-922-9221 if you are reporting one of the following:**

#### 1. Repetitive strain injury

For example, a typist developed tendonitis in the wrist as a result of job duties. Describe fully that job duties are done each day. Include the time spent at each task.

#### 2. Occupational disease

Describe hearing loss, respiratory problems, etc. due to prolonged exposure to gas, chemicals, loud noises, etc.

#### 3. Motor vehicle accident

Send us a copy of the police report, when available.



WORKER'S REPORT of Injury or Occupational Disease C060

Seven Digit Claim #:

Worker Information

Past the day of injury: Have you been off work? Yes No Have your work duties been modified? Yes No

Form fields for Worker Information: Last Name, Former Name, First Name, Initial, Address, Apt #, Social Insurance #, City, Province, Postal Code, Health Care #, Daytime Phone, Evening Phone, Date of Birth, Sex, Occupation and Job Title, Self employed?, E-mail address, Apprenticeship.

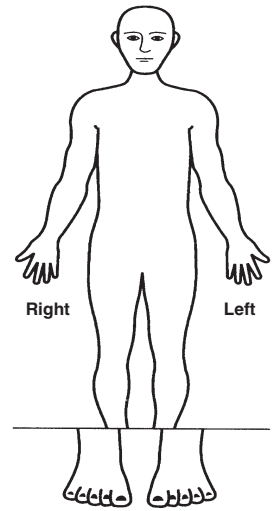
Employer Information

Form fields for Employer Information: Business Name or Government Department, Mailing Address, City, Province, Postal Code, Phone, Fax.

Injury or Occupational Disease Information

Main injury information section with 10 numbered questions and a body diagram. Questions cover date and time of injury, notification, location, work details, injury description, and medical treatment.

Circle part injured Please check: Front Back



Please fill in your name, Social Insurance Number and date of birth at the top of each page of the form in case the pages get separated.

Remember to complete all three pages and sign the form before sending.

## Time Lost / Return-to-Work Information

Please complete all the information that applies.

### Type of Employment

- 13 Complete one of the following A or B or C.**
- Complete **A** if you work 12 months per year with the same employer.
  - Complete **B** if you work only part of the year (subject to seasonal or lack of work layoffs).
  - Complete **C** if you are self-employed, are a sub-contractor or do piecework.

### Wage Information

#### b) Additional taxable benefits:

##### Vacation and statutory holiday pay

Please indicate if you are paid holiday and stat pay as an additional percentage on your paycheque (therefore must take these days off without pay) or, these days are included as days off with pay.

##### Shift premiums

Complete if you get paid in addition to your regular rate of pay (e.g., 50¢ paid per hour for night shift). If you get more than one shift premium (e.g., night premium, weekend premium), complete both shift premium boxes. Attach a list if you have three or more shift premiums.

##### Regular overtime

Complete only if you work the same number of hours overtime each week, month or shift cycle.

#### c) Second job

Provide a contact name and telephone number for a second job. If this injury causes you to miss earnings from that job, WCB-Alberta will consider these earnings when your compensation rate is set. Your second employer may be contacted.

*If you do not know your hours of work and wage information, you can get them from your employer.*

## Hours of Work

### 14 a) Number of hours

Indicate your regular hours of work. Do not include overtime here.

#### b) Does your work schedule repeat?

##### If no:

Report the average number of hours worked per week during the year prior to the injury. Do NOT complete the work schedule.

##### If yes:

Mark the number of hours you worked per day in each of the boxes. Put zero for days off. Please explain any codes you use in the boxes (for example: N=night, W=weekends, D=days, E=evenings). We need to know at what point in this work schedule you were injured to determine the compensation to pay you. Circle the day on this work schedule that you were injured. *See example below.*

##### Or:

If you have a work schedule **longer than 21 calendar days**, attach a copy of your schedule or describe your work schedule on a separate piece of paper. Circle the day on this work schedule that you were injured.

*\*Example: You worked eight-hour days in the first week and eight-hour nights in the second and third weeks. You were injured on the Wednesday of the second week and were off work for two days (Thursday and Friday). You would be paid WCB-Alberta benefits for two days.*

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours per day:	8D	8D	8D	8D	0	0	0
Hours per day:	8N	8N	8N	8N	8N	8N	0
Hours per day:	8N	8N	8N	8N	8N	0	0

**Important:** Circle the day in the work schedule you were injured.

D = day • N = night • O = off

Your Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Social Insurance #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Year / Month / Day) Phone: \_\_\_\_\_

**Time Lost / Return to Work Information** PLEASE COMPLETE ALL THAT APPLY

**11** a. Date and time you first missed work: \_\_\_\_\_ (Year / Month / Day) Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 b. Will/did your employer pay you while off work?  No  Yes, pre-accident wages  Yes, but revised rate: \$ \_\_\_\_\_ per \_\_\_\_\_  
 c. Is there any other work you can do until you are medically fit to return to your regular job?  Yes  No  
 If yes, who can we call to discuss alternate work on your behalf? \_\_\_\_\_ Phone: \_\_\_\_\_  
 d. If you have not returned to work give the expected return to work date: \_\_\_\_\_ (Year / Month / Day)  
 e. If you have returned to work, indicate the date: \_\_\_\_\_ (Year / Month / Day) Time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  Regular work, or  Modified work  
 f. If back on modified work, are you: Being paid your pre-accident rate of pay?  Yes  No – provide rate: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Working pre-accident hours?  Yes  No – provide hours: \_\_\_\_\_ per \_\_\_\_\_

**Type of Employment** (Complete A or B or C)

**12** **A** Permanent position employed 12 months of the year:  Permanent full-time  Permanent part-time  
 or **B** Non-permanent position employed only part of the year (subject to seasonal or lack of work layoffs):  
 Seasonal worker  Temporary position  Casual as needed  Summer student  Volunteer  
 Had this injury not occurred, your last day of employment would have been: \_\_\_\_\_ (Year / Month / Day)  Estimated or  Actual  
 Did you have any other earnings, or income from any other employers, during the last 12 months?  Yes - Please attach copies of pay stubs and/or T4 slips  
 or **C** Special employment circumstance:  
 Contractor/sub contractor  Vehicle owner/operator  Welder owner/operator  Commission  Piece work  Other/self-employed  
 Do you incur expenses to perform the work (materials, tools, etc.)?  Yes  No Will you receive a T4?  Yes  No  
**Note: If you have checked any box in 12C please submit a detailed income and expense statement.**

**Wage Information** Date you were hired: \_\_\_\_\_ (Year / Month / Day)

**13** a. Your rate of pay at time of accident: \$ \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Semi-monthly  Monthly  Other  
 b. Additional taxable benefits:  
 Vacation Pay  Included in rate of pay %: \_\_\_\_\_ OR  Taken as time off with pay  
 Stat Holiday Pay  Included in rate of pay %: \_\_\_\_\_ OR  Taken as time off with pay  
 Shift Premium #1  Amount: \$ \_\_\_\_\_ → Paid per:  
 Shift Premium #2  Amount: \$ \_\_\_\_\_ → Paid per:  
 Regular Overtime  Rate: \$ \_\_\_\_\_ → Number of hours: per  Week  Month  Shift cycle  
 Other  Explain: \_\_\_\_\_ → Amount: per  Week  Month  Shift cycle  
 c. Do you have a second job?  Yes  No If yes – Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Second employer may be contacted.)  
 d. Did you miss time from this second job?  Yes  No If yes, please attach earning information and time missed details.

**Hours of Work**

**14** a. Number of hours (not including overtime): \_\_\_\_\_ per  Day  Week  Shift cycle  Other  
 b. Does the work schedule repeat?  No  Yes → Mark hours worked for one complete work schedule (use zero for days off)  
 ↓  
 Average hours worked per week: \_\_\_\_\_  

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Hours per day							
Hours per day							
Hours per day							

**IMPORTANT**  
**Circle day of injury.**  
**See instructions**  
 c. Date shift cycle commenced \_\_\_\_\_ (Year / Month / Day)  
 or if your schedule is more than 21 days, attach a copy of the schedule.



*Please fill in your name, Social Insurance Number and date of birth  
at the top of each page of the form in case the pages get separated.  
Remember to complete all three pages and sign the form before sending.*



Your Last Name:	First Name:	Initial:
Social Insurance #:	Date of Birth: <small>(Year / Month / Day)</small>	Phone:

**Declaration and Consent**

I declare that the information in the *Worker's Report of Injury or Occupational Disease* form will be true and correct.

I understand that:

- While I am receiving any benefits from WCB-Alberta, it is my obligation to inform WCB-Alberta immediately if I return to work of any kind, become capable of working or if there is any other change in my employment status. Work includes but is not limited to any activity in which labour or services are provided, whether or not payment of any kind is received.
- Criminal prosecution may result from any attempt on my part to collect benefits by providing false information, failing to provide information regarding my ability to work, or other fraudulent means.
- My employer may request a review or appeal of any decisions made on my claim and may therefore examine my claim file. My claim file may also be examined by anyone with a direct interest, as determined by WCB-Alberta, or a person or company I have authorized to review my claim file. (To provide authorization, use the *Worker's Information Release* form in this booklet).
- My social insurance number may be used for reporting to Canada Revenue Agency.
- WCB-Alberta may collect information that it considers relevant to determine benefit entitlement, including information pre-dating my accident, from any source including physicians, other health care providers, employer(s) and vocational rehabilitation service providers. This information is collected to determine my entitlement to compensation under the *Workers' Compensation Act*.

WCB-Alberta may use and disclose the information collected to determine entitlement, to provide services and benefits and, as required or authorized by law. This information may be used and disclosed pursuant to the *Workers' Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

(Year / Month / Day)

Date:  Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Signing the above consent enables the Workers' Compensation Board to process your claim.**

**NOTE:** The information required in the *Worker's Report of Injury or Occupational Disease* is collected under sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining entitlement to compensation and for determining employers' premium rates. Questions may be directed to the Claims Contact Centre as noted on the front of this form and on the back of the Worker Handbook. The information provided to the Workers' Compensation Board is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.

*This report form is part of a booklet of information intended to help workers with completing the necessary WCB-Alberta forms and understanding the process. Keep the booklet for your reference.*



## ***Automobile Accident Report***

*If your injury was sustained in an automobile accident, fill out  
and send this form along with the Worker's Report.*





# AUTOMOBILE ACCIDENT REPORT

Claim Number
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Worker's Surname		First Name		Initial	Date of Birth (Year / Month / Day)	
Home Address Street		City/Town		Province		Postal Code
Phone Number		Your Insurance Company and Policy Number				
Business Address Street		City/Town		Province		Postal Code
Phone Number						
Make of Vehicle	Year	Model	Serial Number	License Number and Province		
Describe Damage						Estimate of Damage
Name of Driver of Your Vehicle			Age	Driver's License Number		
Residence Address Street		City/Town		Province		Postal Code
Business Phone Number:						
Date of Accident (Year / Month / Day)		Time		Were you wearing a seat belt?		
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Accident						
Purpose vehicle used for at time of accident			Weather Condition		Road Condition	
Your Speed		Direction		Other's Speed		Direction
Police Investigation by					Charges	
Had you taken any alcoholic beverages or drugs prior to the accident <input type="checkbox"/> Yes <input type="checkbox"/> No						
Who was responsible for the accident – reason						
Owner of other vehicle			Owner of other vehicle			
Phone Number			Phone Number			
Address			Address			
Make of Vehicle		Year		Make of Vehicle		Year
Model		License Number and Province		Model		License Number and Province
Name of Insurance Company		Policy number		Name of Insurance Company		Policy number
Description of Damage			Description of Damage			
Name of Driver		Phone Number		Name of Driver		Phone Number
Address			Address			







Workers' Compensation Board

Alberta

# WORKER'S INFORMATION RELEASE

(OPTIONAL)

P.O. BOX 2415, EDMONTON AB T5J 2S5  
FAX 780-427-5863 OR 1-800-661-1993

WCB-Alberta encourages you to work directly with your adjudicator or case manager to address any questions or concerns. **If you want someone else to act as your representative and help you get information about your claim, please fill out this form.**

This form gives WCB-Alberta permission to give personal information to the person or company (your representative) you want to help deal with your claim.

This authorization will be effective until:

- you cancel in writing.
- you tell us in writing that you have chosen a new representative.

If you want a representative to help you with more than one claim, you need to complete a *Worker's Information Release* form for each claim. It is important to have separate forms for each claim to make sure your privacy is protected.

Claim Number

Worker's *Last Name* *First Name* *Initial*

## Authorization of Representative

You may authorize one person or company to act as your representative. Complete section **A** if you want one person to represent you. Complete section **B** if you want to authorize a company to help you.

### Section A: Authorizing one person to act as your representative

I understand I may choose a family member, friend, interpreter, injured worker advocate, labour union advocate or lawyer to act as my representative.

Individual Representative's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

- I authorize WCB-Alberta to give my individual representative personal information from my claim verbally, in writing, and/or in person.
- I understand that under this authorization only the above person will have access to my claim.
- I understand WCB-Alberta will give my individual representative access to my file to help me review my claim and/or conduct an appeal.

### Section B: Authorizing a company to act as your representative

I understand I may authorize a company to act as my representative, which means the company can decide which of their employees can access my claim:

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

- I authorize WCB-Alberta to give information from my claim verbally, in writing, and/or in person to employees of the company I named above.
- I understand WCB-Alberta will give my representative company's employees access to personal information on my file to help me review my claim and/or to conduct an appeal.



C 6 2 2 REV JUL 2005

Complete both pages and sign before sending.

Worker's	<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	Claim Number
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**Release of a Claim File**

You may have one copy of your claim file sent to you or your representative. Check box 1 OR 2 to tell the WCB-Alberta how to release your claim file:

1  Please send me one copy of my claim file. I will take responsibility for giving my representative information from my file.

**OR**

2  I give WCB-Alberta permission to give my representative one copy of my claim file.

**If the copy of the claim file that you or your representative receives contains records or documents about any other person, they must be returned to WCB-Alberta immediately.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Worker's Signature \_\_\_\_\_





# How to reach us

If you need more information or have questions about the information in this handbook, please call one of the numbers below. Please have your WCB-Alberta claim number ready when you call.

## Claims Contact Centre

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### Edmonton

#### Mailing address

PO Box 2415  
Edmonton, AB T5J 2S5

#### Inquiries

**Phone:** 780-498-3999  
**Fax:** 780-427-5863  
**E-mail:** [contact.centre@wcb.ab.ca](mailto:contact.centre@wcb.ab.ca)  
**Hours:** 8 a.m. to 4:30 p.m.,  
Monday through Friday

#### Street address

9912-107 Street  
Edmonton, AB T5K 1G5

#### Access to Information

**Phone:** 780-498-3999  
**Fax:** 780-498-7867

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### Calgary

#### Mailing address

PO Box 2415  
Edmonton, AB T5J 2S5

#### Inquiries

**Phone:** 403-517-6000  
**Toll free fax:** 1-800-661-1993 (in Alberta)  
**E-mail:** [contact.centre@wcb.ab.ca](mailto:contact.centre@wcb.ab.ca)  
**Hours:** 8 a.m. to 4:30 p.m., Monday through Friday

#### Street address

150, 4311-12 Street N.E.  
Calgary, AB T2E 4P9

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### Toll free

#### Inquiries

**Phone within Alberta:** 1-866-922-9221 to reach the contact centre or enter the area code and seven digit number of the office you wish to reach

**Phone outside Alberta:** 1-800-661-9608

**Fax within Alberta:** 1-866-661-1993

**Fax outside Alberta:** Not available — please fax claims to 780-427-5863

**Hours:** 8 a.m. to 4:30 p.m., Monday through Friday

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## Millard Health

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131 Airport Road  
Edmonton, Alberta T5G 0W6

**Phone:** 780-498-3200  
**Fax:** 780-498-3907  
**Hours:** 7 a.m. to 5 p.m., Monday through Thursday  
7 a.m. to 4:30 p.m., Friday

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## Office of the Appeals Advisor on workers' compensation matters

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### Edmonton

Financial Building  
5th floor, 10621-100 Avenue  
Edmonton, AB T5J 0B3

**Phone:** 780-498-8640  
**Fax:** 780-498-7870  
**E-mail:** [appealsadvisor@wcb.ab.ca](mailto:appealsadvisor@wcb.ab.ca)  
**Hours:** 8 a.m. to 4:30 p.m., Monday through Friday

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### Calgary

Braithwaite Boyle Centre  
602-1701 Centre Street North  
Calgary, AB T2E 7Y2

**Phone:** 403-517-6220  
**Fax:** 403-517-6221  
**E-mail:** [appealsadvisor@wcb.ab.ca](mailto:appealsadvisor@wcb.ab.ca)  
**Hours:** 8 a.m. to 4:30 p.m., Monday through Friday

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WCB-002 REV MAY 2009

Call us toll free at **1-866-WCB-WCB1 (922-9221)**

Visit our website at **[www.wcb.ab.ca](http://www.wcb.ab.ca)**



**Workers'  
Compensation  
Board**

Alberta

Working for a safe, healthy, strong Alberta