

NOTICE OF INTENTION TO PARTICIPATE FORM

PARTICULARS OF THE APPEAL

Appellant's name: _____

Claim/account #: _____

Appeals officer assigned: _____

Application No.: _____

PARTICIPATION CHOICE

I will participate in this appeal

I will not participate in this appeal

Note:

- If you **decide to participate in this appeal you must** complete this form and return it to the Appeals Commission within 10 calendar days from the date of the Notice of Appeal letter you received from the Appeals Commission.
- If you **decide not to participate in this appeal you should** check the appropriate box, sign the form, and return it to the Appeals Commission.

If you do not return this form to the Appeals Commission within 10 calendar days from the date of the Notice of Appeal letter you received from the Commission, you will be presumed not to intend to participate in this appeal and the Appeals Commission may proceed with the appeal in your absence. The Appeals Commission will only notify you of the Appeals Commission decision.

If you change your mind and want to participate in the appeal you must apply to the Appeals Commission to become a party to the appeal.

PARTICIPANT INFORMATION

Name of Party and Contact Person:

Representative Name (if applicable):

Contact Person:

Party Name:

Mailing Address:

Mailing Address:

Phone No.: _____

Phone No.: _____

Fax No.: _____

Fax No.: _____

Note: If your contact information changes, you must tell the Appeals Commission immediately.

| | |
|-------------------------------------|-------------------|
| <hr/> <i>Signature</i> | <hr/> <i>Date</i> |
| PRINT NAME OF PERSON SIGNING: _____ | |

Return this form to:

Mailing Address – Edmonton:

Appeals Commission for Alberta Workers'
Compensation
901, 10109 - 106 Street
Edmonton AB T5J 3L7

Fax # (780) 412-8701

Mailing Address – Calgary:

Appeals Commission for Alberta Worker's
Compensation
206, 1701 Centre Street North
Calgary AB T2E 7Y2

Fax # (403) 508-8822

Contact the Appeals Commission

For more information, contact the Appeals Commission for Workers' Compensation

- by calling our office in:
 - Edmonton (780) 412-8700
 - Calgary (403) 508-8800
- by picking up information from our office in Edmonton at:
901, 10109 – 106 Street
Edmonton, AB T5J 3L7
- by picking up information from our office in Calgary at:
206, 1701 Centre Street North
Calgary, AB T2E 7Y2
- through our website at www.appealscommission.ab.ca