

**Section 1: Particulars of the appeal**

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Appellant's last name and/or company name	Given name(s)
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		

Claim/account # _____	Decision date (dd/mm/yy) _____
Claim/account # _____	Decision date (dd/mm/yy) _____
Claim/account # _____	Decision date (dd/mm/yy) _____

Assigned appeals officer \_\_\_\_\_

**Section 2: Participation choice**

I will participate in this appeal:

in person                      If you want to participate in this appeal, you must fill in this form and return it to the Appeals Commission **within 14 calendar days** from the date of the Appeal and Hearing Notice letter you received from the Appeals Commission.

by written submission

by teleconference

I will not participate in this appeal                      If you decide not to participate in this appeal, please check the box, sign the form, and return it to the Appeals Commission.

The Appeals Commission will presume you do not want to participate in the appeal if we do not receive this form within **14 calendar days** from the date on your Appeal and Hearing Notice letter. The appeal will go ahead in your absence and the Appeals Commission will notify you of its decision.

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

**Section 3: Participant information** Complete this section if you want to participate in the appeal

If you are participating as an employer, use the company name and give the name of a person in your company we can contact about the appeal.

Name		Representative name (if applicable)	
Contact person (for participating employers)		Street	
Street		City	
City		Province	Postal Code
Province	Postal Code	Work ( )	Mobile ( )
Phone ( )	Fax ( )	Fax ( )	Messages only ( )
Email address		Email address	

If your contact information changes, you must update the Appeals Commission immediately.

## Section 4: Signature

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date (dd/mm/yy)

Print the name of the person signing: \_\_\_\_\_

You can return this form by mail, fax, personal delivery or courier to one of our two offices.

### Edmonton

Appeals Commission for Alberta Workers' Compensation  
1100, 10405 Jasper Avenue  
Edmonton AB T5J 3N4  
Tel: 780-412-8700  
Fax: 780-412-8701

### Calgary

Appeals Commission for Alberta Workers' Compensation  
2300, 801 – 6<sup>th</sup> Avenue SW  
Calgary AB T2P 3W2  
Tel: 403-508-8800  
Fax: 403-508-8822

You can view our web site at: [www.appealscommission.ab.ca](http://www.appealscommission.ab.ca)

The personal information that you are being asked to provide is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of processing your request for a hearing with the Appeals Commission for Alberta Workers' Compensation. One of the most important aspects of the Appeals Commission's process is that every party to the appeal knows the case that is to be heard and has an opportunity to respond. This means that documents related to the appeal will be shared with all other parties to the appeal, including the Workers' Compensation Board. The information collected may also be used for quality assurance purposes. If you have any questions regarding the collection or use of your personal information please contact one of the above offices and ask to speak with an Appeals Officer.

For Appeals Commission  
Use Only