

Please note that you do not need to fill out both Sections 5 and 6 of this form, unless you are applying under both sections. Only fill out the sections that reflect the reason you are applying for reconsideration.

Section 1: Claim/Account information

Claim/Account #:	
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Section 2: Decision information (must be completed by all applicants)

I am making application for reconsideration of the following Appeals Commission Decision:

Decision Number:		Date of Decision:	
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Section 3: Applicant contact information

Name of Party Applying for Reconsideration:	Last Name	Given Name(s)		
Address	Street	Apartment, Suite, Unit Number or PO Box #		
	City/Town	Province	Postal Code	
Work Phone	Cell Phone	Fax Number	Messages Only	
Email Address				

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

Section 4: Representation

I Have a Representative
 I Plan to Get a Representative
 I Will Represent Myself

If you have a representative, you must submit a separate *Notice of Representation* form at the same time you submit this form. If you plan to get a representative, you must submit the *Notice of Representation* once you have a representative. This gives us the authorization to work with your representative.

Complete Section 5 if your reconsideration application is based on the submission that new evidence is now available that:

- on reasonable and justifiable grounds could not have been presented previously
- is relevant to the decision; and
- is likely to have had an impact on the decision

Section 5: New evidence application details

- If you are submitting more than one document as new evidence, you must give each document a sequential number starting at R1, R2, R3, etc.,
- You must complete the following information for each document you are submitting

Document Number:		Document Date:	
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Author of the Document:

Description of the Document:

Why is this document new evidence? What issues of appeal does the document refer to?

Why did you not submit the document at the initial hearing?

Why is this document relevant to the decision?

How would it change the decision that was made?

Section 5: New evidence application details

- If you are submitting more than one document as new evidence, you must give each document a sequential number starting at R1, R2, etc.,
- You must complete the following information for each document you are submitting

Document Number:		Document Date:	
Author of the Document:			
Description of the Document:			
<hr/> <hr/> <hr/>			
Why is this document new evidence? What issues of appeal does the document refer to?			
<hr/> <hr/> <hr/>			
Why didn't you submit the document at the initial hearing?			
<hr/> <hr/> <hr/>			
Why is this document relevant to the decision?			
<hr/> <hr/> <hr/>			
How would it change the decision that was made?			
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If you require additional space for your Section 5 submission, please make additional copies of this page and after completion attach to your application.

Complete Section 6 if your reconsideration application is based on an allegation of a significant defect.

Section 6: A significant defect in the appeal process or content of the decision

What issue of appeal has the defect? Identify the specific paragraph(s) from the decision that demonstrate the defect.

What are the specific ways you believe there was a significant defect in the process or content of the decision? Please explain the defect.

How do you suggest this defect might be corrected?

If you require additional space for your Section 6 submission, please make additional copies of this page and after completion attach to your application.

Section 7: Signature

Signature

Date (DD/MM/YYYY)

Print the name of the person signing: _____

A representative may only sign this form if they are authorized as a representative in this appeal. You must submit a separate *Notice of Representation* to authorize a representative.

You can complete and send this form to us electronically through our website or you can deliver a paper copy 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 – 6th 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

Collection, Use and Disclosure of Personal Information:

- 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.
- It is important that every party to the appeal knows the case that is to be heard and has an opportunity to respond.
- Because of this, we share all documents related to the appeal with all other parties to the appeal and the Workers' Compensation Board.
- The information you provide may also be used for quality assurance and training purposes.
- If you have any questions regarding the collection, use or disclosure of your personal information, please contact the Appeals Commission.

For Appeals Commission
Use Only