

# Reconsideration Application

See Practice Guideline #5 – Application to Reconsider a Decision for more information about completing this form

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 #:

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

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

Decision  
Number:

Date of  
Decision:

## 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

Alternate Phone

Email Address

Optional:

Personal Pronouns

He/Him

She/Her

They/Them

Other (please specify):

Name Pronunciation - Please let us know how to pronounce your name here:

**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**

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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 didn't you submit the document at the initial hearing?

Why is this document relevant to the decision?

How would it change the decision that was made?

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: Hearing Information

I prefer\*:

- a documentary hearing
- an in-person hearing     in Edmonton     in Calgary
- a teleconference hearing
- a video conference hearing

\*The Appeals Commission has the discretion to select the form of hearing at any time.

## Section 8: Do you need an interpreter or other accommodations for your hearing?

If you have chosen an in-person hearing, including a teleconference or video conference hearing:

Do you need an interpreter?  Yes       No

Language and Dialect of the Interpreter: \_\_\_\_\_

### Do you need any other accommodations?

Examples of accommodations can include but are not limited to the need for a chair fitted with a back brace, the support of a service animal, and/or extra breaks during the hearing. If you need any accommodations, please tell us in the space provided below, and you will be contacted to discuss any reasonable accommodation the Appeals Commission can offer.

## Section 9 : Consent to collection, use and disclosure of personal information

The personal information provided in this form is collected from you or your authorized representative under section 4(c) of the *Protection of Privacy Act, SA 2024, c P-28.5 (POPA)*.

It is collected for the necessary purpose of administering an appeal or related matter under the *Workers' Compensation Act, RSA 2000, c W-15 (WCA)*. It may also be used for quality assurance and training purposes.

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, all documents related to the appeal are disclosed to the other parties to the appeal and the WCB under sections 13(1)(b) and (u) of the *POPA*. These documents may contain your personal information.

**By signing this form, you consent to the disclosure of your personal information by the Appeals Commission to the other parties to the appeal for the necessary purpose of administering an appeal or related matter under the *WCA*.**

**If your representative signs this form, you have provided your consent to the disclosure of your personal information to the Appeals Commission by your representative for the necessary purpose of administering an appeal or related matter under the *WCA* by signing the Notice of Representation.**

If you have any questions regarding the collection, use or disclosure of your personal information, please contact the Appeals Commission's Privacy Officer at [AC.Appealscommission@gov.ab.ca](mailto:AC.Appealscommission@gov.ab.ca).

## Section 10: What am I signing?

By my signature, I apply for reconsideration of the Appeals Commission Decision described above. I also consent to the collection, use and disclosure of my personal information provided in this form, and the disclosure of my personal information related to the reconsideration application, to the other parties with a direct interest in the reconsideration application and the WCB.

\_\_\_\_\_  
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 file this form by:

- **submitting it online through our website;**
- **e-mail addressed to [AC.AppealsCommission@gov.ab.ca](mailto:AC.AppealsCommission@gov.ab.ca);**
- **mail;**
- **fax or;**
- **courier or personal delivery to one of our two offices.**

## Our locations:

### 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

**Our website:** [www.appealscommission.ab.ca](http://www.appealscommission.ab.ca)

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