

**MEMBER'S WCB APPEAL INTAKE FORM**  
**(WCB Appeal Referral to Advocacy Dept. from Area Office)**

**DATE OF WCB DECISION LETTER:** \_\_\_\_\_

*(One form per decision letter to be appealed)*

*Ensure delivered to Advocacy/WCB dept. prior to 90 calendar day deadline*

**PERSONAL ACCESS NUMBER (PAN):** \_\_\_\_\_ *(See attached instructions)*

**Name:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Claim No(s):** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Social Insurance No.:** \_\_\_\_\_

**Home Email Address:** \_\_\_\_\_

**Union Local:** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_

**Area Office Rep:** \_\_\_\_\_

**Work Phone No.:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Ministry / Employer:** \_\_\_\_\_

**Employment Status:** Reg. ☐ Aux. ☐ Temp. ☐

**Job Classification:** \_\_\_\_\_

**Description of reason for appeal (*member's reasons*):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What WCB benefits are being sought by the member (*please be as specific as possible*):

- ☐ Medical Aid \_\_\_\_\_
- ☐ Wage Loss: From \_\_\_\_\_ to \_\_\_\_\_
- ☐ Permanent Disability / Pension \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# IMMEDIATE ACTION REQUIRED

In order to obtain disclosure of your claim file, **we now require your WCB Personal Access Number (PAN).** Without this number, we will be unable to assist you with your appeal.

## IF YOU KNOW YOUR PAN, PLEASE PROVIDE IT ON YOUR APPEAL INTAKE FORM.

**How To Obtain Your PAN:** Shortly after you applied for compensation, the Workers' Compensation Board (WorkSafeBC) sent you a letter containing the PAN assigned to you, as shown in the example below.

**WORK SAFE BC** Claims  
Mailing address: PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1  
Phone 604.231.8888 | 1.888.967.5377 | Fax 604.233.9777 | [worksafebc.com](http://worksafebc.com)

June 30, 2017

[Redacted]

Dear [Redacted]:

We understand you were injured at work and we have started a claim for you. This letter provides instructions for accessing your claim information through our automated telephone system and online at [worksafebc.com](http://worksafebc.com), 24 hours a day, seven days a week.

These services are available to you if you are interested. You don't need to use them; we'll always contact you by phone or letter when we have information to share.

To view your claim online, visit [worksafebc.com](http://worksafebc.com) and select "View claim information".

- If you already have an online services account, use your email address and password to log in.
- No online services account?
  - If you'd like to view full, detailed information about your claim, you can create an account by entering your Customer Care number and Personal Access number.
  - If you'd like to see just basic information, you don't have to create an account. Simply enter your Claim number and Personal Access number.

You will find your Claim and Customer Care numbers at the top of other letters we've sent. Your **Personal Access number is 2262426**. We provide this information in separate letters to protect the security of your information.

You can also call our automated telephone service at 604.231.8888, or toll-free at 1.888.967.5377, for basic claim information. You'll need your Claim number and Personal Access number.

Please keep your Personal Access number confidential; it allows you to access information about this claim, as well as any prior or future claims.

If you do not know your PAN, you can get it from the Workers' Compensation Board:

**Phone: 604.231.8888 (Lower Mainland)**  
**or Toll-free: 1.888.967.5377 (Canada)**

Once you have your PAN, please send it to the **Compensation Appeals Department** at the BCGEU Headquarters building. You can mail to:

**BCGEU – Advocacy Department**  
**4911 Canada Way**  
**Burnaby, BC V5G 3W3**

Alternatively, you can send your PAN by e-mail: [compensationappealregistraton@bcgeu.ca](mailto:compensationappealregistraton@bcgeu.ca) or fax: **604-291-7514**

**Please provide your PAN to us as quickly as possible. Without your PAN we cannot see the information presently in your claim file, or any new information that may be added as the appeal progresses.**

Thank you for helping us to help you.