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Please indicate applicable number	Form	
CLAIM NUMBER (Worker)	13	
	13	
FIRM NUMBER (Employer)	Rev.	
	Oct. 2020	
	2020	

FORM 13 – Authorized Representative Form

Injured workers or employers who want to grant someone else (an authorized representative) access to their claim or employer file must complete a Form 13. A signed Form 13 allows WorkplaceNL to share all file information with the named individual. To have more than one authorized representative, complete and submit one Form 13 for each. To change or remove an authorized representative, complete and submit a new Form 13. For employers, a Form 13 is only required for individuals external to the business.

Your file is associated with a confidential number. For injured workers, it is your **Claim Number**, for employers, it is your **Firm Number**. Your authorized representative is the only other individual who should know your confidential number. For your protection, this number **MUST** be given to WorkplaceNL before any information is shared with you or your authorized representative.

For further information, please consult WorkplaceNL's Information Protection and Access Policy (GP-01) on our website: www.workplacenl.ca.

I am a worker or dependent; or I am an owner, director or authorized signing of	officer for the business.
I,print your name	of business name (employer requests only)
authorize remove check one	
print name of authorized representative (one name only)	ofbusiness name (if applicable)
authorized representative mailing ad	ddress authorized representative phone
to act as my authorized representative.	
By signing this form, I understand that my authorize (or on behalf of my business) until I indicate otherw	
signature	signatory phone
job title	date of signature

Employers, note that this form does not grant **connect** access. Contact your **connect** firm administrator to add your authorized representative if required.