



MAIL FORM TO:
146-148 Forest Road
P.O. Box 9000
St. John's NL A1A 3B8

FAX FORM TO:
f 709.778.1586

CONTACT US AT:
t 709.778.1000
t 1.800.563.9000

VISIT US AT:
workplacnl.ca

Request for Internal Review

I hereby apply to the Internal Review Clerk of WorkplaceNL for a review of a decision made by

_____ on _____ yy _____ mm _____ dd

concerning _____

Name of worker or employer requesting the review **Claim or firm number** **Telephone number**

1. Please state the reason(s) why you disagree with the decision (attach additional sheets if necessary):

2. Please specify what types of benefits you are requesting: _____

3. You are not required to have someone represent you during the internal review process, however, if you do have an Authorized Representative* working on your behalf please provide:

Name of representative/agency Telephone number

*A representative is authorized through completion of a Form 13: Authorized Representative

4. If you have included additional information in this request for review please check box:

additional information included

Signature _____ yy _____ mm _____ dd

Mail or fax this request to:

Internal Review Clerk
WorkplaceNL
P.O. Box 9000 St. John's, NL, A1A 3B8
f 709.778.1586
If you require assistance, please call us at:
t 709.778.1000 t 1.800.563.9000