



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 Administrative Officer 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:

Administrative Officer
WorkplaceNL
P.O. Box 9000 St. John's, NL, A1A 3B8
f 709.778.1586

If you require assistance, please contact the Administrative Officer at:
t 709.778.1580 t 1.800.563.9000