

Firm Number:

Firm Name:

Due to the confidential nature of the costs associated with injured workers' claims, employers must designate a person with whom claim cost reports can be communicated. WorkplaceNL will not release or discuss claim cost information unless this signed form is on the employer's file. **This form MUST be signed by an owner, director, or authorized signing officer.**

Please provide the information requested below to **create or change the claim cost contact for your organization.** There can only be ONE claim cost contact per firm number, we will automatically remove any previous contact on your file and replace them with the contact provided below.

Claim Cost Contact

Contact Person:

Contact Mailing Address:

Contact Telephone Number:

If you would like to view your claim cost reports via the web, you can register for **connect**, WorkplaceNL's online service. Please visit our website at workplacnl.ca for information on how to register for **connect**. If you are already registered for **connect**, you will be able to view your claim cost reports online once this form is processed. Once you are registered for **connect**, you will no longer receive your claim cost reports in the mail. These reports will only be available on **connect**.

If you have any questions about this form, please call 709.778.1000 or toll free 1.800.563.9000.

Authorization (Please read below before signing)

I am an owner, director or authorized signing officer for the above organization. By signing this form, I am authorizing the above person as our Claim Cost Contact and I will ensure that claim cost information is kept confidential and is not disclosed to anyone other than those individuals who require the information to verify claim cost.

Signature

Date

Name (please print)

Title

Telephone Number