

AUTHORITY TO ACT ON WORKER'S BEHALF

This form is to be used when a worker authorises or withdraws authorisation for another person to act on their behalf, or assist them in the management of their worker's compensation claim.

Another person may include:

- A legal representative
- Family member
- Union delegate

This form also allows the worker to revoke any previous authorities for a representative to deal with their claim.

PART A

Worker's details

Full name:	
Claim Number:	
DOB:	
Residential Address:	
Phone:	

If you are appointing an authorised representative, please go to **Part B**

If you are withdrawing the appointment of an authorised recipient, please go to **Part C**

PART B

Worker's declaration – appointment of authorised recipient

I declare that the information I have supplied in this form is true and accurate. I am aware that I must notify ACT Government (Directorate: _____) in writing if I wish to amend or revoke this authority.

I, _____, authorise the person nominated below to:

- act on my behalf (this includes receiving all correspondence and making decisions relating to my claim including, but not limited to, claiming benefits, requesting reviews and requesting personal information)
- discuss any matters relating to my claim, via electronic communication, written correspondence and/or telephone

Signature: _____ Name: _____

Date: _____

REPRESENTATIVE'S DETAILS

Title (e.g. Mr, Mrs, Ms) _____ Family name _____

Given name(s) _____

Date of birth _____ **(for identification purposes only)**

Postal address _____

State _____ Postcode _____

Contact number _____ Email address _____

Relationship to worker _____

PART C

Worker's declaration – withdrawing authorisation

I declare that the information I have supplied in this form is true and accurate. I am aware that I must notify ACT Government (Directorate: _____) in writing if I wish to amend or reinstate this authority.

I, _____, no longer authorise the representative listed below to:

- Act on my behalf (this includes receiving all correspondence and making decisions relating to my claim including but not limited to claiming benefits, requesting reviews, and requesting personal information)
- discuss any matters relating to my claim, via electronic communication, written correspondence and/or telephone

Signature: _____ Name: _____

Date: _____

REPRESENTATIVE'S DETAILS

Title (e.g. Mr, Mrs, Ms) _____ Family name _____

Given name(s) _____

Date of birth _____ **(for identification purposes only)**

Postal address _____

_____ State _____ Postcode _____

Contact number _____ Email address _____

Relationship to worker _____