

WORK SAFE. FOR LIFE.

WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Notice of Appeal to Hearing Officer – EMPLOYER APPEAL

Internal Appeals, PO Box 1150, Halifax, Nova Scotia B3J 2Y2 Local: 902-491-8800 Toll free: 1-800-870-3331 Fax: 902-491-8001

EMPLOYER: Please complete this Notice of Appeal form in full. This form is due to **WCB Nova Scotia** within **30 days of receiving a written decision**. If the form is not received within 30 days, it is possible the appeal will not proceed.

CLAIM APPEAL NUMBER:

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BUSINESS NUMBER:

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A. INFORMATION REQUIRED

Employer Name:		Name of Representative Filing Appeal:	
Address:		City/Town:	Province: Postal Code:
Telephone:	Fax:		
Name of Worker (if Claim Appeal):			

B. DECISION TO BE APPEALED – Please be as specific in your answers as you can, and attach extra paper if necessary.

I wish to appeal the WCB Nova Scotia decision made by _____ dated dd | mm | yyyy

I believe the decision maker made the following error:

Have you discussed this error with the decision maker? Yes ☐ No ☐

The benefits/remedy I am seeking includes:

C. APPEAL ASSISTANCE

Employers may also seek assistance through the Office of the Employer Advisor, Nova Scotia Society (OEA NS). You can contact OEA NS at info@oeans.ca or 902.401.8490.

The Employer has contacted the OEA for assistance with this appeal. Yes ☐ No ☐

D. APPEAL PROCESS

Upon receipt, we will contact you or your representative by phone to review the process, and answer any questions you may have.

Authorized Signature on behalf of the Employer

Date

PLEASE NOTE: To protect the privacy of your worker and your confidential business information, do not email this form. You can attach the form in a secure message using MyAccount, or you can send it by mail or fax.