

CLEAR FORM



## Notice of Appeal to Hearing Officer – EMPLOYER APPEAL

Internal Appeals, 200-137 Venture Run, Dartmouth, NS B3B 0L9 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 90 days of receiving a written decision.** If the form is not received within 90 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:

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

The benefits/remedy I am seeking includes:

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### 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@oceans.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.

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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.