



Date:

Dear:

Re: Member's Name:

Claim Number:

We are assisting this member with their WCB appeal.

To best support this member, we may need to request medical information/ evidence. Please accept this signed document as authorization to provide us with the requested information.

Thank you,
BCGEU LTD and WCB Appeals

Member Authorization

I, _____, authorize and request that you respond to my Union Representative's inquiry with respect to the necessary medical information for preparation of a submission in support of my WCB appeal.

Member's Signature:

Date:



FA-542 (Rev 2026-01-26)

BCGEU Headquarters

4911 Canada Way, Burnaby, BC V5G 3W3
Phone: (778) 374-9423 / 1-800-663-1674
Fax: (604) 881-2317 / 1-800-946-0244

We are located on the unceded and shared traditional territory of the xʷməθkʷəy̓əm (Musqueam), Skxwú7mesh (Squamish) & Səlíl̓ lwətaʔ (Tsleil-Waututh) peoples.