

TO: Workers Compensation Board of Manitoba

FROM: _____.

WCB Firm #: _____.

We hereby authorize WCB to release all information related to our claims and assessments to CASE MANAGEMENT CANADA INC. (CMC). We also authorize WCB staff to communicate with CASE MANAGEMENT CANADA and allow CMC to act on our behalf with regard to any of our workers compensation matters.

Signed this _____ day of _____, 2013 at _____, Manitoba.

(signature)

(Printed Name)

(Title)