

**TO: WorkSafe New Brunswick**

**FROM (Employer):** \_\_\_\_\_.  
**Employer Account #** \_\_\_\_\_.

We hereby authorize WorkSafe New Brunswick to release all information related to our claims and assessments to CASE MANAGEMENT CANADA INC. (CMC). We also authorize WorkSafe NB 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 \_\_\_\_\_, New Brunswick.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)