

TO: WORKPLACE HEALTH & SAFETY COMPENSATION COMMISSION OF NEW BRUNSWICK:

We, \_\_\_\_\_, hereby authorize CASE MANAGEMENT CANADA INC. to act on our behalf, as our representative, in our relations with the Workers Compensation Board. This will allow you to release all of our current and prior Firm Experience Statements, Firm Rate Setting Reports, WCB Assessment correspondence, and any other assessments or claims information relative to our WCB account to CASE MANAGEMENT CANADA INC.

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, B.C..

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(title)