

**Mailing Address**  
Internal Appeals  
Department  
PO Box 1150  
Halifax NS B3J 2Y2

**Street Address**  
Fenwick Medical Centre  
5595 Fenwick Street,  
Suite 306  
Halifax NS

**Contact Numbers**  
Local: 902-491-8800  
Toll free: 1-800-870-3331  
Facsimile: 902-491-8001

CLAIM APPEAL Claim No.:
ASSESSMENT APPEAL Firm No.:

**EMPLOYER:** Please complete this Notice of Appeal form **in full** and submit it along with all relevant supporting information. This form is due to **the WCB Nova Scotia within 30 days** of receiving a written claim decision by mail.

**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**

I wish to appeal the WCB Nova Scotia decision made by \_\_\_\_\_ dated dd | mm | yyyy

I believe the decision maker made the following error: (Please be specific as you can and use extra paper if necessary.)

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

The benefits/remedy I am seeking includes: (Please be specific as you can and use extra paper if necessary.)

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### C. APPEAL ASSISTANCE

Employers may also seek assistance through the Office of the Employer Advisor Nova Scotia (OEA NS), which can be reached at 902-442-9366. They can also be reached through this website [www.oceans.ca](http://www.oceans.ca), or by email at [info@oceans.ca](mailto:info@oceans.ca).

The Employer has contacted the OEA for assistance with this appeal. Yes  No

### D. APPEAL PROCESS

Once we receive this form, we will contact you (or your representative) by telephone to review the Internal Appeals process, clarify the issue you are appealing and answer any questions you may have.

**IMPORTANT:** If the Notice of Appeal form (noting the specific reasons for your appeal) and relevant supporting information are not **received at WCB Nova Scotia within 30 days** of receiving a written claim decision by mail, the appeal may not be accepted, and the original claim decision will become the final decision of the WCB.

**NOTE:** To protect the privacy of your worker and your confidential business information, do not email this form. Please send it by mail or fax.

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Authorized Signature on behalf of the Employer

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Date