

Date of accident <b>November 22, 2022</b>	WCB claim number 756 5184
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### WORKER DETAILS

Worker's surname Abu-Yeboah	First name Emmanuel	Initial «No Data Found~Claimant Middle Name»	Date of birth July 09, 1986
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Claim owner name Support Desk CA ICON	Supervisor name Travis	Referral created by Ashley Anderson	Sup to DRB letter date 2026/01/26
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### Referring department

☒ Customer Service    ☐ Legal Services    ☐ Employer Account Services

### Appellant (only select one)

☒ Worker or worker representative    ☐ Employer or employer representative    ☐ Third party or interested party

### ISSUES AND REFERRAL TYPE

Number of issues being referred: **1**

Indicate issue type(s):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Additional diagnosis or level of responsibility              | <input type="checkbox"/> Non-economic loss payment (NELP) or Permanent partial disability (PPD) | <input type="checkbox"/> Short-term home assistance (STHA), Home maintenance allowance (HMA), Housekeeping allowance (HKA) or Personal care allowance (PCA) |
| <input type="checkbox"/> Claim acceptance (physical)                                  | <input type="checkbox"/> New evidence   | <input type="checkbox"/> Total temporary disability (TTD)   |
| <input type="checkbox"/> Claim acceptance (psychological)                             | <input type="checkbox"/> Obligation to reinstate (OTR) or Duty to cooperate (DTC)               | <input type="checkbox"/> Re-employment benefits   |
| <input type="checkbox"/> Claim expenses   | <input type="checkbox"/> Overpayment  | <input checked="" type="checkbox"/> Wage loss calculation (TPD, ELP, TEL)   |
| <input type="checkbox"/> Compensation rate  | <input type="checkbox"/> Recurrence   | <input type="checkbox"/> Wage loss entitlement (TPD, ELP, TEL)  |
| <input type="checkbox"/> Cost relief or transfer                                      |   | <input type="checkbox"/> Worker status  |
| <input type="checkbox"/> Medical aid costs  |   |   |
| <input type="checkbox"/> Other (e.g., employer health benefits, sick benefits, etc.): |   |   |
| » Describe issue(s)   |   |   |

Date G040 received	Corresponding RFR # in eCO	Date of original decision being appealed
2026/01/06	91882	2025/12/03
Click to enter date.	» Insert RFR number	Click to enter date.
Click to enter date.	» Insert RFR number	Click to enter date.

### RESOLUTION SUMMARY

**THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.**

Worker's (Surname) Abu-Yeboah	(First name) Emmanuel	(Initial) «No Data Found~Claimant Middle Name»	Claim number 756 5184
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Date of supervisor resolution discussion with appellant: January 19 and 25, 2026

If unsuccessful, date of second attempt: [Click to enter date.](#)

Was contact attempted with the other party or respondent? ☐ Yes ☒ N/A

What type of hearing does the appellant prefer? [Select type of hearing.](#)

## REFERRAL REQUIREMENTS

Has new information been submitted since the original decision? ☐ Yes ☒ N/A

If yes, has this information been acknowledged? ☐ Yes ☐ N/A

Have the reasons the appellant feels the decision is incorrect been addressed? ☒ Yes

Are all medical investigations and assessments related to the appeal complete? ☒ Yes

Is the G040 within one year of the decision? ☒ Yes

Has the G040 been converted, if applicable (e.g., LWKR, LREP, AO submission)? ☐ Yes

## ADDITIONAL DETAILS

Is this a premature return? ☐ Yes ☒ N/A

Does this appellant have any other active RFRs, on this claim or other claim(s)? ☐ Yes

Any considerations DRDRB should be aware of? ☐ Yes

» [insert details](#)

Communication plan in effect? ☐ Yes

» [insert details](#)

Is an interpreter required? ☐ Yes

» [insert language details](#)

Additional referral details or other comments

» [insert details](#)