Workers' Compensation Board – Alberta
Box 2415
Edmonton, AB T5J 2S5
Fax: 780-427-5863 or 1-800-661-1993
contact.centre@wcb.ab.ca

FM040R
G040 Referral to DRDRB

WORKER DETAILS

Date of accident	WCB claim number
November 04, 2025	797 7114

Worker's surname	First name	Initial	Date of birth
Sasnouskaya	Alena	Claimant Middle Name	March 31, 1971

Claim owner name	Supervisor name	Referral created by	Sup to DRB letter date
Olivia Dillion	Alex Krausnick for Camille Edwards	Alex Krausnick	2026/01/26

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: Select number of issues.

Indicate issue type(s):

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

Appealing that the employer is NUA

Date G040 received	Corresponding RFR # in eCO	Date of original decision being appealed
2026/01/14	92175	2025/12/05
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)	(First name)	(Initial)	Claim number
Sasnouskaya	Alena	Claimant Middle Name	797 7114

Date of supervisor resolution discussion with appellant: 2026/01/26 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? » insert details	☐ Yes	
Communication plan in effect? » insert details	☐ Yes	
Is an interpreter required? » insert language details	☐ Yes	
Additional referral details or other comments		