

Acknowledgement of consent to use email

Claim number

If your claim proceeds to an appeal, with your permission, the WSIB can send you your claim documents by secure email. By agreeing to receive claim information by email, you will receive your documents faster, letting us help you more quickly.

By filling out this section, you acknowledge and accept the terms below and agree to give the WSIB permission to send appeal documents to the email address you include.

You understand and accept the risks of electronic communication; risks may include, but are not limited to, emails being misdirected or received by an unintended recipient, intercepted, altered or forwarded without detection, or introducing viruses into computer systems. Email correspondence may include confidential claim information including, but not limited to, medical information and decisions relating to benefits.

When you receive the email it will have the subject line WSIBsecure. You need to set up a Secure Account with a user ID and password to open the documents within the email. The secure email link will expire after 30 days. You will need to save the document(s) to keep it after the email expires.

If you don't receive the email, please check your junk mail folder.

You are responsible for notifying the WSIB if you no longer want to receive emails, and can cancel your authorization at any time by calling 1-800-387-0750.

Name	•				
Role					
	Worker	Worker representative	Employer	Employer representative	
	Other (specify)				
Email	address				
Print ı	name				
Signa	ture (print, sign ar	nd return to the WSIB or type a	nd submit online)		Date (dd/mmm/yyyy)

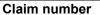
Information about how the WSIB uses email is available at wsib.ca/email.

Contact <u>accessibility@wsib.on.ca</u> if you require this communication in an alternative format.



1. Claim identifiers										
Worker's name										
2. Objecting party										
Worker Worker rep	Employer represe	resentative Transfer-of-cost employer								
3. General information										
Is the address and contact in	formation	n the same as in the decision letter?		Yes No.	No, see changes below.					
Name						-				
Address				City/Town	l	Postal co	de			
Telephone (day)		Telephone (evening)		Language	English French Oth		Other			
4. Representation										
See instruction sheet for information on possible assistance available.										
Please check one:										
I will represent myself in the objection process, or I am currently seeking representation.										
I have a representat	ive to han	dle my objection.								
If you are represented – A signed Direction of Authorization for this representative must be in the claim file.										
Representative's name				Organization						
Address				City/Town		Postal code				
		-								
Telephone (day)		Telephone (evening)		Fax						
5. Intent to object										
I disagree with the following	decision(s	s)								
Date of decision letter(s)										
(dd/mm/yyyy)	Issue(s)	s) in dispute								
6. New information/reconside	eration									
		new information th	at the front-line deci	sion make	er may not have con	sidered b	ased			
This is an opportunity to provide any new information that the front-line decision maker may not have considered, based on the contents of the decision letter(s). The decision maker can reconsider the decision(s) and may be able to change the decision(s). You will be advised of the outcome of the reconsideration.										
No, I have no additional explanation/information to submit.										
Yes, additional explanation/information is attached (please put the worker's name and claim number on each page).										
Name S		Signature (print, sign and return to the WSIB or type and submit online) Date (dd/mm/					mm/yyyy)			

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.





Worker's name

7. Reasons for the objection
Please explain why you disagree with the decision(s). Your explanation may bring out new information the front-line decision
maker was not aware of. Be as specific as possible and refer to any new information you are attaching, where applicable.
Please attach additional pages if you need additional space
Number of pages attached

Number of pages attached



① Upload forms and documents related to your claim at wsib.ca/upload