

Please complete, print, sign, and attach this form to the front of a photocopy of

- the legal document that authorizes you to act on the worker's or survivor's behalf with respect to his/her **property**, and
- **if applicable**, any additional document(s) that may be required to meet any conditions outlined in the legal document.

Worker's Last Name	Worker's First Name	Claim Number
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We require the names, signatures and contact information of all parties named in the document and acting as attorney/guardian. (If a named substitute is acting as attorney/guardian, the substitute's information is required.)

Please use the back of this form to:

- **add contact information and signatures, if needed,**
- **list additional claim numbers, if the worker/survivor has other claims.**

As confirmed in the attached legal document, I am the attorney/guardian for the property of

_____ , who is the Worker, or Survivor of the worker in this claim.

(PRINT name of person who authorized you to act on their behalf)

My contact information is:

Attorney/Guardian Name (please print)			
Street No.	Street Name	Apt./Suite No.	Town/City
Province/State		Postal Code/Zip Code	Country
Telephone Number (Days)	Telephone Number (Evenings)		Cell Phone Number
Signature			Date (dd/mmm/yyyy)

Attorney/Guardian Name (please print)			
Street No.	Street Name	Apt./Suite No.	Town/City
Province/State		Postal Code/Zip Code	Country
Telephone Number (Days)	Telephone Number (Evenings)		Cell Phone Number
Signature			Date (dd/mmm/yyyy)

Please attach this completed and signed form to the front of the legal document and other documents where required. Please note this form is not a valid Power of Attorney document.

Please submit by mail only to:

Workplace Safety and Insurance Board
200 Front Street West
Toronto, Ontario
Canada M5V 3J1