Acknowledgement of consent to use email

Submit this form and supporting documents at wsib.ca/submit

If you are objecting to a decision or requesting a copy of your claim file, the WSIB will provide the file and any relevant forms electronically. Receiving claim information by email means you receive your documents faster, letting us help you more quickly.

By filling out this form, you acknowledge and accept the risks of electronic communication. Risks may include, but are not limited to, misdirected emails or emails received by an unintended recipient, intercepted, altered or forwarded without detection, or introducing viruses into computer systems. Appeal information may include confidential claim information including, but not limited to, medical information and decisions relating to benefits.

You are responsible for updating the WSIB if the email address you provide changes or if there is a security concern related to the email address you provide on this form. It is also your responsibility to protect your password or other means of access to electronic communications sent to or received from the WSIB.

While the WSIB will take reasonable steps to protect the confidentiality of the communication it transmits via email, by providing your consent, you acknowledge that the WSIB cannot guarantee the security and confidentiality of all email communications and has no responsibility for your account security, or the security of the electronic communications stored in your email account.

First name	Last name	Claim number
Company name (if applicable)		
Role ☐ Claimant ☐ Claimant representative ☐ Business ☐ Business representative		
Email address		

Acknowledgment and signature		
I confirm I read this form carefully and understand the risks and responsibilities associated with the use of email. By signing below, I agree to assume all risks associated with the use of email.		
Name	Signature	Date (dd/mmm/yyyy)
☐ Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.		

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.
Ce document est disponible en français sous le titre : *Confirmation du consentement à l'utilisation des courriels,* 10467B (04/23)

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Intent to object form

Submit this form and supporting documents at wsib.ca/submit

Claim number

1. Claim identifiers

Worker's name

2. Objecting party

☐ Worker ☐ Worker representative ☐ Employer ☐ Employer representative ☐ Transfer-of-cost employer

3. General information

Is the worker/employer address and contact information the same as the decision letter? ☐ **Yes** ☐ **No, see changes below.**

Name			
Address		City/Town	Postal code
Telephone	Email address	Language ☐ English ☐ French ☐ 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 representative to handle 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	Email address		

5. Intent to object

I disagree with the following decision(s)

Date of decision letter(s) (dd/mmm/yyyy)	Issue(s) in dispute

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

Ce document est disponible en français sous le titre : *Formulaire Intention de contester,* 2397B (04/23)

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Claim number

Worker's name

6. New information/reconsideration

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).

Personal information contained on this form is collected under the Workplace Safety and Insurance Act and will be used to respond to your request. The WSIB will provide the file and any relevant forms electronically to the email you provided. By providing an email address, you acknowledge and accept the risks of electronic communication.

Name	Signature	Date (dd/mmm/yyyy)

☐ Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

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