

If you need assistance completing this form, see the instruction sheet or call the WSIB at 416-344-1000 or 1-800-387-0750.

1. Claim Identifiers

Worker's Name	Claim No.
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2. Objecting Party

<input type="checkbox"/> Worker	<input type="checkbox"/> Worker Representative	<input type="checkbox"/> Employer	<input type="checkbox"/> Employer Representative	<input type="checkbox"/> Transfer-of-Cost Employer
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3. General Information

Is the worker/employer address and contact information the same as the decision letter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No, see changes below.
Name			
Address		City/Town	Postal Code
Telephone No.: (Day) ()	Telephone No.: (Evening) ()	Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	

4. Representation

See Instruction Sheet for information on possible assistance available.		
Please check one:	<input type="checkbox"/> I will represent myself in the objection process, or I am currently seeking representation.	<input type="checkbox"/> I have a representative to handle my objection.
If you are represented - A signed <i>Direction of Authorization</i> for this representative must be in the claim file.		
Representative's Name	Organization	
Address	City/Town	Postal Code
Telephone No.: (Day) ()	Telephone No.: (Evening) ()	FAX No. ()

5. Intent to Object

I disagree with the following decision(s):	
Date of Decision Letter(s) (dd/mmm/yyyy)	Issue(s) in Dispute

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.)

Name (please print)	Signature	Date
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Please print and sign the completed form before sending to the WSIB by fax to 416-344-4684 or 1-888-313-7373 or by mail to: Workplace Safety & Insurance Board, 200 Front Street West, Toronto, ON M5V 3J1

