INSTRUCTIONS

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WSIB ONTARIO CSPAAT

Send the completed and signed form to:
Workplace Safety & Insurance Board
200 Front Street West
Toronto, ON M5V 3J1

OR fax to:
416-344-4684
or
1-888-313-7373

Direction of Authorization - Claims

start >

Claim Nos.
Worker Name
Worker Date of Birth (dd/mm/yy)

For this form to be valid, it must be **completed in full** by the Representative (Parts A and B) and **signed** by the worker or employer (Part D) as applicable.

When submitting by fax, please **transmit** using **only** an **original form**.

Part A - Worker or Employer Directing Authorization

Name ☐ Worker ☐ Employer	Employer/Company Name	
Address	City/Town	Postal Code
Telephone	Fax	Language ☐ English ☐ French ☐ Other (please specify)

Part B - Representative Information

* Name of person and/or organization to be authorized

Address	City/Town	Postal Code
Telephone	Fax	Signature Type your name and upload, or print and sign before returning to WSIB.

Please complete one of the following three (1, 2 or 3) as applicable:

1. My Law Society of Upper Canada or Application ID No.

2. I am / My organization is exempt from the paralegal licensing requirement (please check the exemption that applies to you):

- ☐ In-house legal services provider or paralegal
- ☐ Student legal aid services society
- ☐ Acting for family or friend
- ☐ Office of the Worker Adviser
- ☐ Injured workers' group funded by WSIB
- ☐ Articling student
- ☐ Legal clinic
- ☐ Constituency assistant
- ☐ Office of the Employer Adviser
- ☐ Trade union
- ☐ Other profession or occupation (please specify): _____

If you are unsure about your exemption status, please contact the Law Society of Upper Canada.

3. I am / My organization is excluded from the paralegal licensing requirements (please explain):

* This indicates the person and/or organization who will have authorization as set out on this form. Since October 31, 2007, the WSIB only accepts representatives who have applied for licensing by the Law Society of Upper Canada and whose names are included on the Paralegal Candidate Directory, or those who are exempt or excluded from the licensing requirement. For further information, please consult the Law Society's website at www.lsuc.on.ca. Since October 31, 2007, the WSIB requires all representatives to provide information about their licensing status in order to represent parties before the Board.

Part C - Extent of Authorization and Expiration

The representative named above is authorized to represent the worker or employer in relation to the above noted claim and access all of the WSIB claim-related information that the worker or employer would normally have access to.
This authorization is deemed to be effective for an indefinite period and expires upon receipt of written confirmation by the worker or employer, or upon the death of the worker.

Part D - Approval by Worker or Employer

By signing below, I authorize the person or company named in *Part B* to act as representative, subject to *Part C* noted above.

Name (print)	Position / Title (if applicable)	
Signature Type your name and upload, or print and sign before returning to WSIB.		Date (dd/mm/yy)

Cancelling or changing an authorization

It is the responsibility of the worker and employer to ensure that authorization is properly managed. As such, amendment, rescindment or cancellation of any authorization is their responsibility.

To **change** an authorization, a new Direction of Authorization form must be completed.

To **cancel** an authorization at any time, send a request in writing or by fax to the Claims Adjudicator responsible for the claim.

Additional Information

If additional space is needed for information or additional claim numbers, please add a note on page 1 to indicate that there are additional pages and attach them to this form.

When submitting by fax, please transmit using only original documents.

This is not a request form. It is used solely to provide authorization for representation and access to claims-related information.

If you need more information, contact the Claims Adjudicator responsible for the claim.

To avoid delays, please complete in full and print in black ink.

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