



**Mail To:**  
200 Front Street West  
Toronto ON M5V 3J1

**OR FaxTo:**  
416-344-4684  
OR 1-888-313-7373

## Worker Request for Copy of Claim File

**Please complete a separate form for each claim requested.** If you have previously received a copy of your claim file, you will receive updates to your file from the date of your last request. If you are considering objecting to a WSIB decision that denies benefits, please contact your decision-maker to discuss your concerns. Should you decide to proceed with an appeal, you will be automatically provided with a copy of your claim file.

### Worker Information

Last Name		First Name		Claim File No.
Street No.	Street Name			Apt./Suite No.
City		Province	Postal Code	Telephone
Date of Birth (dd/mmm/yyyy)		Date of Injury/Illness (dd/mmm/yyyy)		
<b>Please choose one option:</b>				
<input type="checkbox"/> I am requesting that a copy of my claim file be sent to me at the above address.				
<b>OR</b>				
<input type="checkbox"/> I am requesting that a copy of my claim file be sent to my representative listed below. (Please complete section below)				
<b>OR</b>				
<input type="checkbox"/> I am requesting that a copy of my claim file be sent to a third party listed below. (Please complete section below)				
<b>Personal information contained on this form is collected under the Workplace Safety and Insurance Act and will be used to respond to your request.</b>				
Signature of Worker			Date (dd/mmm/yyyy)	

### Representative/Third Party Information

<b>Information required if requesting copy to be sent to your Representative or a Third Party.</b>				
Name of Representative/Third Party				
Name of Organization/Firm:				
Street No.	Street Name			Apt./Suite No.
City		Province	Postal Code	Telephone

If you encounter any difficulties or have questions regarding this request for access, you may contact us at (416) 344-1000 or toll-free at 1-800-387-0750.

Visit our Web site [www.wsib.on.ca](http://www.wsib.on.ca) for information on benefits, services, working safely and more.