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wsib cspaat ONTARIO
Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

200 Front Street West
Toronto ON M5V 3J1

Telephone:
416-344-1000
or 1-800-387-0750

Fax to:
416-344-4684
or 1-888-313-7373

General Worker Expense Form

start > Claim Number

A. Worker Information

Last name	First name	Initial

Current address	City	Province	Postal Code	Is this a new address? ☐ yes ☐ no

Home phone	Work phone	Birth date (mm/dd/yyyy)

B. Expense Information

- **Original Receipts plus prescriptions MUST be attached.**
- **This form is not to be used for Medication Reimbursement.**

Description of Service/Product	Quantity	Who Recommended this for you: (Name, address and phone number)	Date Purchased/ Of Service (mm/dd/yyyy)	Amount ($)

Additional Comments:

Total **$**

C. Worker Declaration

I hereby certify, that to the best of my knowledge, the information provided on this form is true, accurate and complete, and that the goods and/or services listed were received by myself for my use and for my WSIB related claim. I agree to provide all original receipts to the WSIB. For the goods and/or services paid for by the WSIB, I will not request reimbursement from any other insurers/organizations. I also authorize the release of any information to the WSIB relating to the expenses listed on this form.

Signature **Type your name and upload, or print and sign before returning to WSIB.**	Date mm/dd/yyyy

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