

**Not valid for access to claim file**

This form authorizes the Workplace Safety and Insurance Board (WSIB) to share account information with businesses by email. Please complete, sign and send this form to us to add an email address as an authorized contact on your account.

### Employer information

Legal name of company		Account number
Address		
City/Town	Province	Postal code
Telephone	Fax	
Name	Title or position	Email

### Acknowledgement and consent

- I have authority to act on behalf of the business in the submission of this form
- The WSIB has my permission to send emails to the email address(es) provided
- I understand that email is not secure and accept the risks of electronic communication
- Email correspondence may include confidential account information such as, but not limited to, payroll, account balances and amount of unpaid premiums
- I am responsible for notifying the WSIB of any changes to my email authorization, and can cancel this authorization at any time by contacting the WSIB

Name of authorized officer of the company	Title or position	Date (dd/mmm/yyyy)
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Please email your completed form to [employeraccounts@wsib.on.ca](mailto:employeraccounts@wsib.on.ca)