WSIB ONTARIO CSPAAT

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

Optional Insurance Consent Form Under Schedule 2

This form should only be completed if optional insurance is requested by the applicant under the Workplace Safety & Insurance Act (the Act) . This form should be retained by the employer. If an accident occurs involving the applicant, a copy of this form must be submitted with the Employer's Report of Injury/Disease (Form 7).

If you are requesting optional insurance please:

- review and sign the Applicant's Optional Insurance Declaration (see below)
- have the Firm's Certification completed and signed (see below)

In the absence of a signed consent form that pre-dates the accident, benefits will not be extended to the applicant.

Applicant's Optional Insurance Declaration (Please print all information)

First Name	Middle Name	Last Name

Date of Birth (dd/mmm/yyyy) (e.g. 01JAN1994)	Title

Employer's Name

Employer's Address (This address must be a physical address, not a box number or a general delivery)

City	Province	Postal Code	Telephone No.
			( )

Please read the following information carefully. It explains how optional insurance changes your status under the Act.

I understand that:

- Workplace Safety & Insurance Board (WSIB) insurance is not compulsory for people considered by the WSIB to be executive officers. By applying for optional insurance, I am voluntarily requesting to be considered a worker by the WSIB.
- I am giving up my right to sue my employer covered under Schedule 2 of the Act or any Executive Officers of my employer for damages sustained in a work-related accident or disease.
- With optional insurance, I am entitled to all benefits due to a worker in the event of a compensable accident/disease and the benefits which I will be entitled to will be in accordance with my earnings at the time of the accident/disease and subject to the maximum rate payable under the Act.
- The WSIB reserves the right to request proof of my earnings at any time and adjust the amount of insurance requested.
- When requesting insurance, I must sign this form in order to establish insurance and in the absence of a signed consent form that pre-dates the accident, benefits will not be extended to me.
- The effective date for optional insurance will be the date that I and the authorized officer of my employer complete this form.

Applicant's Signature	Applicant's Name (please print)	Date (dd/mmm/yyyy)

Firm's Certification

I hereby certify that I am the authorized officer employed by this firm.

I acknowledge that the accident costs associated with any work-related injuries for the above applicant will be applied to the accident record for this firm.

I will retain this signed form in my records and if an accident occurs involving the applicant, I must submit a copy of this form with the Employer's Report of Injury/Disease (Form 7).

Firm Number

Name of Authorized Officer (please print)	Title (please print)	
Signature	**Telephone Number** ( )	**Date Completed (dd/mmm/yyyy)**

A French version of this form is available upon request.

www.wsib.on.ca