

Hearing Aid Special Needs Request
For use by
Audiologists and Hearing Instrument Practitioners

The WSIB is committed to providing workers with hearing aids that meet their needs.

Recent advances in hearing aid technology mean that sophisticated technology, once restricted to only a few expensive hearing aids, is now widely available on many models.

WSIB has a primary category of hearing aid models that meet the needs of most hearing aid users. For those workers with specific clinical requirements that cannot be met by a hearing aid model from our primary category, the WSIB may consider offering a suitable hearing aid from our alternate category.

Please use this form to request a hearing aid from the alternate category. For a list of models available in each category, see the "Hearing Devices" page accessible through the WSIB website at www.wsib.on.ca. For more information regarding the criteria for allowance and payment for the provision, replacement, or repair of hearing devices in cases where work-related hearing loss entitlement has been established, see Operational Policy Manual document #17-07-04, Hearing Devices. For further information, see the WSIB's website at www.wsib.on.ca.

Supporting documents must be attached to this form in order for a special needs request to be considered.

When completing this report, please **print** using **black pen** and be sure to include the claim number.

Please print **pages 2 and 3** and send to the Workplace Safety and Insurance Board:

By fax to:

416-344-4684 or 1-888-313-7373

Or by mail to:

Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1



OD

Claim Number

Please complete in full printing in black ink.

A. Worker Information

Last Name		First Name		
Address (no., street, apt.)				
City/Town	Prov.	Postal Code	Telephone No.	

B. Provider Information

Provider Name			Provider No.	
Mailing Address (no., street, suite/unit)			Telephone No.	
City/Town	Prov.	Postal Code	Fax No.	

C. Description of Current Hearing Aid(s)

Does the worker already have a hearing aid paid for by WSIB? yes no
If **yes**, please complete this section.

	Manufacturer	Model	Serial Number	Manufacturer's Invoice Date	Manufacturer's Cost	Name of Dispensing Clinic
Right Ear						
Left Ear						

D. Description of Proposed Hearing Aid(s)

	Manufacturer	Model	Design	Manufacturer's Cost
Right Ear				
Left Ear				

E. Special Needs Information

Please outline the special needs of this worker and explain why the worker's needs cannot be met with a hearing aid from the WSIB's primary category. Supporting documents (i.e., a hearing evaluation report) must be attached to this form in order for a Special Needs Request to be considered.

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(Please see reverse side)



Claim Number

E. Special Needs Information (continued)

It is an offence to deliberately make a false or misleading statement or representation to the Workplace Safety and Insurance Board. I declare that all of the information provided above is true.

Name of Audiologist or Hearing Instrument Practitioner (please print)	CASLPO or AHIP member #
Signature	Date (dd/mmm/yyyy)

Name of Worker (please print)	
Signature of Worker	Date (dd/mmm/yyyy)

F. Privacy

The WSIB is committed to protecting your privacy and the confidentiality of all personal information. You can read our detailed privacy Statement for Workers at **www.wsib.on.ca**, or please contact the WSIB and request that a copy be sent to you.

- To avoid delays in processing this request, please ensure that:**
- **the claim number is provided**
 - **all sections are completed**
 - **documents supporting this request due to clinical requirements are attached**
 - **both parties have signed the form.**