

If you decide to proceed with an objection, please read the following before completing the Objection Form (Employer account). It will help resolve your objection and avoid unnecessary delays.

When considering an objection

- **Review the firm file** (if required) to make sure you understand the reasons for the decision(s) made.
- Clarify any information with the WSIB decision maker **before** completing the objection form.
- Review the relevant WSIB policies and/or the Employer Classification Manual (if needed), at wsib.ca/en/policy.

IMPORTANT NOTICE

- You have already met the time limit to appeal. There are no time limits for returning the objection form.
- The most common reason for changing a decision is receiving new information.
- If you have new information that may change our decision, please send it with the completed objection form.

Representation

- You may represent yourself or use a representative of your choice.
- The **Office of the Employer Adviser (OEA)** provides employers with fewer than 100 employees with representation services at no cost. You can reach the OEA at 1-800-387-0774.

Role of the decision maker

- Once we receive the completed objection form, the decision maker reviews all new information and reconsiders the decision(s).
- All reconsiderations are promptly communicated.
- If the objecting party is not satisfied with the result of our reconsideration, we will refer the case to the Appeals Services Division. We will let you know if this happens.

Role of the Appeals Services Division

- The Appeals Services Division offers a one-level appeal process using a variety of resolution methods. If the matter proceeds to the Appeals Services Division, an Appeals Resolution Officer will call you to discuss these resolution methods.
- An Appeals Resolution Officer's decision is the final decision of the WSIB and can only be appealed to the independent Workplace Safety and Insurance Appeals Tribunal.
- For more information about the Appeals process, please see document titled Appeals Services Division Practice & Procedures by visiting wsib.ca/en/appeals

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

New information

Is there any new information that was not considered when the decision was originally made?	Yes No	If yes , include this information with your objection form
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What results are you seeking from this process?

Representation (if any)

Representative's name	Organization		
Address	City/Town	Telephone	Fax

Signature

Signature	Date (dd/mmm/yyyy)
Name	Title

Please send the completed form to: employeraccounts@wsib.on.ca.	OR Workplace Safety and Insurance Board 200 Front Street West Toronto ON M5V 3J1
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