



Email consent form for business
Communicating with us using email

NOT VALID FOR ACCESS TO CLAIM FILE INFORMATION

This form provides consent for the Workplace Safety and Insurance Board (WSIB) to share account information with businesses by email. Please complete and send this form to us to add an email address as an authorized contact on your account. **Before completing, be sure to read the information on page 2.**

Employer information			
Legal name of company			Account number
Address	City/Town	Province	Postal code
Telephone	Fax		

Name	Title or position	Email

Acknowledgement and consent	
<ul style="list-style-type: none">• 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
Signature	Date (dd/mm/yy)

Please email your completed form to employeraccounts@wsib.on.ca

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

Cancelling or changing a consent

It is the responsibility of the employer to ensure that consent to share information is properly managed. As such, amendment, rescindment or cancellation of such consent is the responsibility of the employer.

Authorized officers

Refer to policy 21-01-02 *Authorization of Employer Representatives Regarding Employer Information* for additional information, which includes the definition of an authorized officer of the company as follows:

An authorized officer is defined as an individual within the company who is in a position to commit the organization on a corporate level, or who would normally have access to, and control of, the information to be released. Examples of such individuals are sole proprietors, partners, presidents, vice-presidents, general managers, chief financial officers, controllers, directors of finance, safety officers, and individuals in other positions in which access to confidential employer information is typical.

Spouses, same-sex partners (in decisions made on or after March 1, 2000), or family members are not entitled to access, or to authorize the release of, confidential information unless the person in question is an owner, partner, executive officer, or authorized officer of the company, or an authorized representative of the company.

Email consent

This form is used solely to provide email consent for a business.

If an employer wants to be represented for employer account issues, the *Direction of Authorization Employer Accounts* form must be completed.

If an employer wants to request that employer-related information be provided to the employer or a third-party who is not legally representing the employer, the *Firm File/Account Access Consent – Employer Accounts* form must be completed.

If you need more information, contact the WSIB at 1-800-387-0750 or by fax at 416-344-4684 or 1-888-313-7373.