

Claim Nos.	Worker name	Worker date of birth (dd/mmm/yy)
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Part A - Worker or employer directing authorization			
Name	Worker Employer	Employer/Company name	
Address		City/Town	Postal code
Telephone	Fax	Language	English French Other (please specify)

Part B - Representative information			
* Name of person and/or organization to be authorized			
Address		City/Town	Postal code
Telephone	Fax	Signature	

Please complete one of the following three (1, 2 or 3) as applicable:

1. My Law Society of Upper Canada or Application ID No.

2. I am / My organization is exempt from the paralegal licensing requirement (please check the exemption that applies to you):

In-house legal services provider or paralegal	Constituency assistant
Student legal aid services society	Office of the Employer Adviser
Acting for family or friend	Trade union
Office of the Worker Adviser	Other profession or occupation (please specify)
Articling student	_____
Legal clinic	

If you are unsure about your exemption status, please contact the Law Society of Upper Canada.

3. I am / My organization is excluded from the paralegal licensing requirements (please explain):

* This indicates the person and/or organization who will have authorization as set out on this form. Since October 31, 2007, the WSIB only accepts representatives who have applied for licensing by the Law Society of Upper Canada and whose names are included on the Paralegal Candidate Directory, or those who are exempt or excluded from the licensing requirement. For further information, please consult the Law Society's website at www.lsuc.on.ca. Since October 31, 2007, the WSIB requires all representatives to provide information about their licensing status in order to represent parties before the Board.

Part C - Extend of authorization and expiration
The representative named above is authorized to represent the worker or employer in relation to the above noted claim and access all of the WSIB claim-related information that the worker or employer would normally have access to. This authorization is deemed to be effective for an indefinite period and expires upon the receipt of written confirmation by the worker or employer, or upon the death of the worker.

Part D - Approval by Worker or Employer	
By signing below, I authorize the person or company named in Part B to act as representative, subject to Part C noted above.	
Name	Position/Title (if applicable)
Signature (print, sign and return to the WSIB or type and upload)	
Date (dd/mmm/yy)	

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

Cancelling or changing an authorization

It is the responsibility of the worker and employer to ensure that authorization is properly managed. As such, amendment, rescindment or cancellation of any authorizations is their responsibility.

To **change** an authorization, a new Direction of Authorization form must be completed.

To **cancel** an authorization at any time, send a request in writing or by fax to the Claims Adjudicator responsible for the claim.

Additional information

If additional space is needed for information or addition claim numbers, please add a note on page 1 to indicate that there are additional pages and attach them to this form.

When submitting by fax, please transmit using only original documents.

This is not a request form. It is used solely to provide authorization for representation and access to claims-related information.

If you need more information, contact the Claims Adjudicator responsible for the claim.

To avoid delays, please complete in full and print in black ink.

Send the completed and signed form to:

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

OR fax to:

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