

**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](https://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](https://wsib.ca/en/appeals)

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

Please read the information sheet on **Objecting to an employer account decision**.

General information			
Firm name		Account number	Firm number
Address		City/Town	
Postal code	Telephone	Fax	Language English      French      Other

Objection	
I wish to object to the following decision(s):	
Decision maker	Date of decision (dd/mmm/yyyy)

Reasons for objection
Please explain why you disagree with the decision(s). Be as specific as possible. Attach additional pages if necessary.

Contact [accessibility@wsib.on.ca](mailto: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 <b>yes</b> , 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.	<b>OR</b> Workplace Safety and Insurance Board 200 Front Street West Toronto ON M5V 3J1
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