

1. Claim identifiers
Worker's name

2. Objecting party
<input type="checkbox"/> Worker <input type="checkbox"/> Worker representative <input type="checkbox"/> Employer <input type="checkbox"/> Employer representative <input type="checkbox"/> Transfer-of-cost employer

3. General information					
Is the worker/employer address and contact information the same as the decision letter? Yes No, see changes below.					
Name					
Address			City/Town		Postal code
Telephone (day)	Telephone (evening)		Language	English	French Other

4. Representation					
See instruction sheet for information on possible assistance available.					
Please check one:					
<input type="checkbox"/> I will represent myself in the objection process, or I am currently seeking representation.					
<input type="checkbox"/> I have a representative to handle my objection.					
If you are represented – A signed <i>Direction of Authorization</i> for this representative must be in the claim file.					
Representative's name			Organization		
Address			City/Town		Postal code
Telephone (day)	Telephone (evening)		Fax		

5. Intent to object	
I disagree with the following decision(s)	
Date of decision letter(s) (dd/mmm/yyyy)	Issue(s) in dispute

6. New information/reconsideration		
This is an opportunity to provide any new information that the front-line decision maker may not have considered, based on the contents of the decision letter(s). The decision maker can reconsider the decision(s) and may be able to change the decision(s). You will be advised of the outcome of the reconsideration.		
<input type="checkbox"/> No, I have no additional explanation/information to submit.		
<input type="checkbox"/> Yes, additional explanation/information is attached (please put the worker's name and claim number on each page).		
Name	Signature (print, sign and return to the WSIB or type and upload)	Date (dd/mmm/yyyy)

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

Claim number

Worker's name

7. Reasons for the objection

Please explain why you disagree with the decision(s). Your explanation may bring out new information the front-line decision maker was not aware of. Be as specific as possible and refer to any new information you are attaching, where applicable. Please attach additional pages if you need additional space.

Number of pages attached