

Claim number
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If your claim proceeds to an appeal, with your permission, the WSIB can send you your claim documents by secure email. By agreeing to receive claim information by email, you will receive your documents faster, letting us help you more quickly.

By filling out this section, you acknowledge and accept the terms below and agree to give the WSIB permission to send appeal documents to the email address you include.

You understand and accept the risks of electronic communication; risks may include, but are not limited to, emails being misdirected or received by an unintended recipient, intercepted, altered or forwarded without detection, or introducing viruses into computer systems. Email correspondence may include confidential claim information including, but not limited to, medical information and decisions relating to benefits.

When you receive the email it will have the subject line WSIBsecure. You need to set up a Secure Account with a user ID and password to open the documents within the email. The secure email link will expire after 30 days. You will need to save the document(s) to keep it after the email expires.

If you don't receive the email, please check your junk mail folder.

You are responsible for notifying the WSIB if you no longer want to receive emails, and can cancel your authorization at any time by calling 1-800-387-0750.

Name			
Role <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>Worker</span> <span>Worker representative</span> <span>Employer</span> <span>Employer representative</span> </div> Other (specify) _____			
Email address			
Print name			
Signature (print, sign and return to the WSIB or type and submit online)			Date (dd/mmm/yyyy)

Information about how the WSIB uses email is available at [wsib.ca/email](http://wsib.ca/email).

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

Upload forms and supporting documents online at [wsib.ca/upload](http://wsib.ca/upload)

**Mail:** 200 Front Street West, Toronto, Ontario, M5V 3J1 | **Toll free:** 1-800-387-0750 | **TTY:** 1-800-387-0050 | **Fax:** 1-888-313-7373  
10467A (04/21)

<b>1. Claim identifiers</b>
Worker's name

<b>2. Objecting party</b>
<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

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

<b>4. Representation</b>					
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		

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

<b>6. New information/reconsideration</b>		
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 submit online)	Date (dd/mm/yyyy)

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**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