

## Authorization for access to business account information (Not valid for access to claim file information)

Business information			
Legal name of company			
Account number		Firm number	
Address		City/town	Province
Telephone		Email	
Postal code			

Representative information			
Last name and first name are required if the person named is a legal representative in all cases except when the representative is the Office of the Employer Advisor.			
Last name		First name	
Company name (if applicable)			
Address		City/town	Province
Telephone		Email (optional)	
Postal code			

To cancel or make any changes to this authorization, please contact [employeraccounts@wsib.on.ca](mailto:employeraccounts@wsib.on.ca)

Type of authorization requested
<b>NOTE:</b> If you would like to name more than one person or organization, you will need to complete an additional authorization for access to business account information form.

Non-legal representation
I authorize the person or organization listed on page one of this form to act on behalf of my business's account (i.e. for reporting premiums, obtaining a clearance, balance/statement inquiries, general account maintenance etc.)

Legal representation
I authorize the person listed on page one of this form to act on behalf of my business's' account for the purposes of <ul style="list-style-type: none"> <li>• appealing an account decision</li> <li>• representation in matters such as: sale of business, bankruptcy, etc.</li> <li>• access to account-related information</li> </ul>

Lawyer	Paralegal	Law Society of Ontario ID number

The representative is exempt from Law Society of Ontario licensing requirements (please check the exemption that applies):

Office of the Employer Advisor (OEA)	Student legal aid services society
In-house legal services provider	Articling student
Other regulated profession acting in the normal course of that profession (specify)	Legal clinics

If you are unsure whether your representative is exempt, please contact the Law Society of Ontario.

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

**Request to send business account information to authorized representative**

Please select one option below, if applicable:

I request that a copy of the documents and other information on my business's account(s) file be mailed to the authorized representative or organization listed on this form.

To consent to share your business's account(s) information by email with the representative or organization listed on this form, visit [wsib.ca/businessforms](http://wsib.ca/businessforms) and complete the email consent form.

I have submitted an email consent form and request that a copy of the documents and other information on my business's account(s) file be emailed to the authorized representative or organization listed on this form.

**Accounts to authorize**

If your organization has more than one account, please indicate any accounts that the representative is not granted access to in the box below. If additional pages are required, each page must be signed by the authorized officer and attached to this form. If no accounts are listed, the representative will have access to all accounts in the organization.

Do not grant access to the following accounts (include account number and firm number):

**Restriction on authorization**

List any restriction to the authorization. If no restrictions are listed, the representative is authorized to represent your business, and have access to all account information that you would have access to, for all of your accounts not specified on this form.

**Expiry**

Indicate the expiry date of this authorization. If you do not list an expiry, the authorization will continue indefinitely.

Authorization expiry date (yyyy-mm-dd)

**Authorization**

I have the authority to act on behalf of the business in the submission of this form and the information I have provided is truthful, accurate, current, and complete and, if this information changes, I will promptly update it to keep it true, accurate, current and complete. I understand that:

- it is an offence to deliberately make false statements to the WSIB
- the use of form is governed by the WSIB's website terms of use
- there are risks associated with electronic communication and I accept those risks

Name of authorized officer of the company

Position/title

Signature of authorized officer of the company

Date (yyyy-mm-dd)

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

### **Cancelling or changing an authorization**

- It is your responsibility to notify us of any changes to this consent. You can cancel anytime by [contacting us](#).

### **Authorized officers**

- An authorized officer is a corporate officer in your company who would normally have access to, and control of, the information to be released. For example, a president, controller, general manager, director of finance, etc. For more information see our policy on [Authorization of Employer Representatives for Employer Accounts](#).
- Spouses, same-sex partners (in decisions made on or after March 1, 2020), 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.
- In exceptional circumstances, receivers appointed by the courts, trustees, and executors who have taken over management of a business undergoing bankruptcy, or for a deceased employer, can authorize the release of business account information and can also sign on behalf of the business.

### **Ongoing issues under appeal**

- If an appeal continues beyond any expiry date set by the business, the authorization of the representative is automatically extended until the date the WSIB makes a final decision on the appeal, the date the appeal is withdrawn by the business, or the date the business rescinds the authorization, whichever comes first. The authorization of the representative automatically terminates as of that date, unless it has been renewed. The issue under appeal must be identified to the WSIB.
- Access to information is issued to the representative provided that the request relates to the issue under appeal.

### **Code of conduct for representatives**

Visit [wsib.ca/reconduct](https://www.wsib.ca/reconduct) to learn more about the standards of behaviour we expect from representatives of businesses and representatives of those who experienced a workplace injury or illness.