

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

Business information Legal name of com							
	r · · ·						
Account number		Firm number					
Address		City	/town		Province		Postal code
Tilinia			. 11				
Telephone		Ema	Email				
Representative info		amad ia a lag	al rangaantat	tive in all e	aaa ayaant ud	han th	
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	Firs	First name					
Company name (if	applicable)						
A Library		0:4	14		D		D. H.L. J.
Address		City	/town		Province		Postal code
Telephone		Fma	ail (optional)				
refeptions			an (opnorial)				
To cancel or make	any changes to this authorization,	nlease contac	t employerace	counts@w	sib on ca		
		piease contac	a <u>employeraci</u>	COUITIS(WW	SID.UII.Ca.		
Type of authorization requested NOTE: If you'd like to name more than one person or organization, you'll need to complete an additional authorization for							
	usiness account information form.	organization,	you ii need to	complete	an additional a	autnor	ization for
Non local represent	otion						
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	1						
I authorize the person listed on page one of this form to act on behalf of my business's' account for the purposes of							
appealing an account decision							
	representation in matters such as access to account-related informa		ess, bankrupt	tcy, etc.			
	access to account-related informa		of Ontario ID	number			
Lawyer	Paralegal						
The representative	is exempt from Law Society of On	tario licensing	requirements	s (please c	heck the exem	ption	that applies):
Office of the	Employer Advisor (OEA)	Student legal aid services society					
In-house legal services provider Articling s			student Legal clinics				
Other regulated profession acting in the normal course of that profession (specify):							
If you're unsure wh	ether your representative is exemp	ot. please con	tact the Law S	Society of C	Ontario.		

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

Ce document est disponible en français sous le titre : *Autorisation d'accès aux renseignements concernant le compte de l'entreprise (Non valide pour l'accès aux renseignements d'un dossier d'indemnisation),* 10371B (02/24) wsib.ca | Mail: 200 Front Street West, Toronto, Ontario, M5V 3J1 | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050

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Request to send business account file information to authorized representative

Please select one of the following options if you'd like to request to have your business's entire account(s) file, including all invoices, statements, correspondence, notes and other documentation since registering your account, mailed to the authorized representative or organization listed on this form.

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 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						
f your organization has more than one account, please indicate any accounts that the representative is not granted access of in the following box. If additional pages are required, each page must be signed by the authorized officer and attached to his 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 f	îrm number):					
Restriction on authorization						
List any restriction to the authorization. If no restrictions are listed, the repres business, and have access to all account information that you'd have access this form:						
Expiry						
Indicate the expiry date of this authorization. If you don't list an expiry, the authorization will continue indefinitely.	Authorization expiry date (dd/mm/yyyy)					
Authorization						
I have the authority to act on behalf of the business in the submission	•					

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

fill out your name and the date above.

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 (dd/mm/yyyy)				
Check this box if you are completing and submitting this form electronically. This represents your signature. You must						

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Cancelling or changing an authorization

It's 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'd 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 <u>Authorization of Employer Representatives for Employer Accounts</u>.
- 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've 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 <u>wsib.ca/repconduct</u> 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.

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