

Visit wsib.ca/submit to submit this form and supporting documents.

Please complete, print, sign and attach this form to the front of a **photocopy** of

- the legal document that authorizes you to act on the worker's or survivor's behalf with respect to his/her **property**, and
- **if applicable**, any additional document(s) that may be required to meet any conditions outlined in the legal document.

Worker's last name	Worker's first name
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We require the names, signatures and contact information of all parties named in the document and acting as attorney/guardian. (If a named substitute is acting as attorney/guardian, the substitute's information is required).

Please use the back of this form to:

- **add contact information and signatures, if needed,**
- **list additional claim numbers, if the worker/survivor has other claims.**

As confirmed in the attached legal document, I am the attorney/guardian for the property of _____, who is the _____ worker, or _____ survivor of the worker in this claim.	
_____ (Name of person who authorized you to act on their behalf)	

My contact information is:

Attorney/guardian name			
Steet no.	Street name	Apt./suite no.	Town/City
Province/State		Postal code/Zip code	Country
Telephone (days)		Telephone (evenings)	Cell phone number
Signature			Date (dd/mmm/yyyy)
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.			

Attorney/guardian name			
Steet no.	Street name	Apt./suite no.	Town/City
Province/State		Postal code/Zip code	Country
Telephone (days)		Telephone (evenings)	Cell phone number
Signature			Date (dd/mmm/yyyy)
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.			

Please attach this completed and signed form to the front of the legal document and other documents where required. Please note this form is **not** a valid Power of Attorney document.

Please submit **by mail only** to:

Workplace Safety and Insurance Board
 200 Front Street West
 Toronto, Ontario
 Canada M5V 3J1

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.