Acknowledgement of consent to use email

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

If you are objecting to a decision or requesting a copy of your claim file, the WSIB will provide the file and any relevant forms electronically. Receiving claim information by email means you receive your documents faster, letting us help you more quickly.

By filling out this form, you acknowledge and accept the risks of electronic communication. Risks may include, but are not limited to, misdirected emails or emails received by an unintended recipient, intercepted, altered or forwarded without detection, or introducing viruses into computer systems. Appeal information may include confidential claim information including, but not limited to, medical information and decisions relating to benefits.

You are responsible for updating the WSIB if the email address you provide changes or if there is a security concern related to the email address you provide on this form. It is also your responsibility to protect your password or other means of access to electronic communications sent to or received from the WSIB.

While the WSIB will take reasonable steps to protect the confidentiality of the communication it transmits via email, by providing your consent, you acknowledge that the WSIB cannot guarantee the security and confidentiality of all email communications and has no responsibility for your account security, or the security of the electronic communications stored in your email account.

First name	Last name	Claim number
Company name (if applicable)		
Role ☐ Claimant ☐ Claimant representative ☐ Business ☐ Business representative		
Email address		

Acknowledgment and signature		
I confirm I read this form carefully and understand the risks and responsibilities associated with the use of email. By signing below, I agree to assume all risks associated with the use of email.		
Name	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.		

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

WSIB Ontario | Worker request for copy of claim file

Claim number

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

Please complete a separate form for each claim requested. If you have previously received a copy of your claim file, you will receive updates to your file from the date of your last request. If you are considering objecting to a WSIB decision that denies benefits, please contact your decision-maker to discuss your concerns. If you decide to move forward with an appeal, you will be automatically provided with a copy of your claim file.

Claimant information (This section is mandatory, please complete all fields.)

Last name	First name		Claim file no.
Address (no., street, apartment/suite)			City/Town
Province	Postal code	Country	Telephone
Email address	Date of birth (dd/mmm/yyyy)	Date of injury/illness (dd/mmm/yyyy)	

Please choose one option:

☐ I am requesting that a copy of my claim file be sent to me.

OR

☐ I am requesting that a copy of my claim file be sent to a third party listed below. (Please complete section below)

Personal information contained on this form is collected under the Workplace Safety and Insurance Act and will be used to respond to your request. The WSIB will provide the file and any relevant forms electronically to the email you provided. By providing an email address, you acknowledge and accept the risks of electronic communication.

Signature of Claimant	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.

Third-party information* (required if requesting a copy to be sent to a third party.)

Name of third party			
Name of organization/firm			
Address (No., street, apartment/suite)			
City/Town	Province	Postal code	Country
Telephone	Email address		

*By filing out this form, you are allowing this third party to have access to your entire claim file. They are not considered your legal representative unless you fill out the Direction of authorization form. For this third party to be your legal representative, they must be part of the one of the categories of representatives explained on the Direction of authorization form.

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