

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. Should you decide to proceed with an appeal, you will be automatically provided with a copy of your claim file.

Worker Information				
Last Name		First Name		Claim File No.
Street No.	Street Name		Apt./Suite No.	Town/City
Province	Postal Code	Country		Telephone
Date of Birth (dd/mmm/yyyy)			Date of Injury/Illness (dd/mmm/yyyy)	
<p>Please choose one option:</p> <p><input type="checkbox"/> I am requesting that a copy of my claim file be sent to me at the above address.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I am requesting that a copy of my claim file be sent to a third party listed below. (Please complete section below)</p>				
<p>Personal information contained on this form is collected under the Workplace Safety and Insurance Act and will be used to respond to your request.</p>				
Signature of Worker				Date (dd/mmm/yyyy)

Third Party Information				
Information required if requesting copy to be sent to a Third Party.				
Name of Third Party				
Name of Organization/Firm:				
Street No.	Street Name		Apt./Suite No.	Town/City
Province	Postal Code	Country		Telephone

If you encounter any difficulties or have questions regarding this request for access, you may contact us at (416) 344-1000 or toll-free at 1-800-387-0750.

Visit our Web site www.wsib.on.ca for information on benefits, services, working safely and more.