WSIB Workplace Safety & Insurance Board
ONTARIO
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

FAX TO – CINDY PRICE ADJUDICATOR – OD& SBP – **FAX** 416 344-6600 ---**PHONE** 1800 465-9646 X 416 344 2618
or 416 344-2618

NEW CLAIM REGISTRATION – DECEASED WORKER

INJURED WORKER

LAST NAME: **GIVEN NAME:** **OCCUPATION:**

SIN # **DATE OF BIRTH:**

DATE AND PLACE OF DEATH:

DETAILS OF CONDITION BEING CLAIMED AS WORK RELATED

DEPENDANT DETAILS

LAST NAME: **GIVEN NAME:** **RELATIONSHIP TO WORKER:**

ADDRESS:
STREET **CITY/TOWN:** **POSTAL CODE:**

TELEPHONE NUMBER:

ACCIDENT EMPLOYER

NAME: **DATE OF HIRE:** **POSITIONS HELD:**
DATE OF RETIREMENT:

By signing below, I am claiming benefits under the Workplace Safety and Insurance Board (WSIB) Act, 1997 for a work related injury or disease. I consent to the collection of all information relating to this claim by the Board.

IF YOU CHOOSE A REPRESENTATIVE

I authorize _____ to represent me in my dealings with the Workplace Safety and Insurance Board.

_____
Signature - Date