Optional insurance consent form under schedule 2

Please email your completed form to employeraccounts@wsib.on.ca.

This form should only be completed if optional insurance is requested by the applicant under the Workplace Safety and Insurance Act (the Act). This form should be retained by the employer. If an accident occurs involving the applicant, a copy of this form must be submitted with the Employer's Report of Injury/Disease (Form 7).

If you are requesting optional insurance please:

- review and sign the applicant's optional insurance declaration (see below)
- have the firm's certification completed and signed (see below)

In the absence of a signed consent form that pre-dates the accident, benefits will not be extended to the applicant.

Applicant's optional insurance declaration			
First name	Middle name	Last name	
Date of birth (dd/mmm/yyyy)	Title	Employer's name	
Employers address (This address must be a physical address, not a P.O. box number or a general delivery.)			
City	Province	Postal code	Telephone number

Please read the following information carefully. It explains how optional insurance changes your status under the Act.

I understand that:

- Workplace Safety and Insurance Board (WSIB) insurance is not mandatory for people considered by the WSIB to be executive officers. By applying for optional insurance, I am voluntarily requesting to be considered a claimant by the WSIB.
- I am giving up my right to sue my employer covered under Schedule 2 of the Act or any of my employer's executive officers of my employer for damages sustained in a workplace injury or illness.
- With optional insurance, I am entitled to all benefits dues to a claimant in the event of a compensable injury or illness and those benefits will be in accordance with my earnings at the time of the injury or illness and subject to the maximum rate payable under the Act.
- The WSIB reserves the right to request proof of my earnings at any time and adjust the amount of insurance requested.
- When requesting insurance, I must sign this form in order to establish insurance and in the absence of a signed consent form that pre-dates the accident, benefits will not be extended to me.
- The effective date for optional insurance will be the date that I and the authorized officer of my employer complete this form.

Applicant's signature	Applicant's name	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.		

Firm's certification			
I hereby certify that I am the authorized officer employed by this firm. I acknowledge that the accident costs associated with any work-related injuries for the above applicant will be applied to the accident record for this firm. I will retain this signed form in my records and if an accident occurs involving the applicant, I must submit a copy of this form with the Employer's Report of Injury/Disease (Form 7).			
Firm number	Name of authorized officer	Title	
Signature		Telephone number	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.