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**This form is to be completed by the person with a work-related injury or illness who is requesting pre-approval from the WSIB to replace a lost, stolen or damaged hearing device(s). Complete this form if your device was damaged due to an accident and/or circumstances other than regular wear and tear.**

A. Personal information		
Last name	First name	Date of birth (mm-dd-yyyy)
Home address		Phone number

B. Current hearing health care practitioner information	
Name of hearing health care practitioner	
Clinic name	
Clinic address	Phone number

**Please indicate below what hearing-related device you are claiming as lost, stolen or damaged. Do not proceed with replacing your hearing-related device until you have received approval from the WSIB.**

My hearing-related device is:	Lost	Stolen	Damaged
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C. Information on lost hearing-related device			
Which hearing device has been lost, stolen or damaged?	Hearing aid(s)	Hearing assistive technology	
If you checked hearing aid(s), which one(s) are lost, stolen or damaged?	Left hearing aid	Right hearing aid	Both hearing aids
If you checked hearing assistive technology, please indicate the device:			
When was your hearing device lost, stolen or damaged?			
Where was your hearing device lost, stolen or damaged?			
<b>Please provide full details of how the hearing device was lost, stolen or damaged:</b>			

D. Patient declaration and signature		
By signing below: I understand that it is an offence to deliberately make a false statement to the Workplace Safety Insurance Board; and I declare that all of the information provided above is true.		
Name	Signature	Date (mm-dd-yyyy)
<input type="checkbox"/> 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](mailto:accessibility@wsib.on.ca) if you need a different format or accommodation. Disponible en français.