

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

Claim number	Claimant name	Claimant date of birth (dd/mmm/yy)
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Part A - claimant or employer directing authorization			
Name	Claimant Employer	Employer/company name	
Address		City/town	Postal code
Telephone	Language	English	French Other (please specify)

Part B - representative information			
* Name of person to be authorized (required)		Name of business or organization (optional)	
Address		City/town	Postal code
Telephone	Email address	Signature	

Please complete one of the following three (1, 2 or 3) as applicable:

1. My Law Society of Ontario licensee number

I confirm that I am a member in good standing with the Law Society of Ontario

2. I am exempt from the paralegal licensing requirement (please check the exemption that applies to you):

in-house legal services provider or paralegal	constituency assistant
student legal aid services society	Office of the Employer Adviser
acting for family or friend	trade union
Office of the Worker Adviser	other profession or occupation (please specify)
articling student
legal clinic	

If you are unsure about your exemption status, please contact the Law Society of Ontario.

3. I am excluded from the paralegal licensing requirements (please explain):

* This indicates the person who will have authorization as indicated on this form. Since October 31, 2007, the WSIB only accepts representatives who are licensed by the Law Society of Ontario as a lawyer or paralegal or those who are exempt or excluded from the licensing requirement. Please visit the Law Society of Ontario's website, lso.ca, or review our Disclosure of Claim File Information to Worker or Employer Representatives policy available at wsib.ca for more information. Since October 31, 2007, the WSIB requires all representatives to provide information about their licensing status in order to represent parties before the Board.

Part C - authorization period and expiration
The representative named above is authorized to represent the claimant or employer in relation to the claim referenced on this form and access all of the WSIB claim-related information that the claimant or employer would normally have access to. This authorization is deemed to be effective for an indefinite period and expires upon the receipt of written confirmation by the claimant or employer, or upon the death of the claimant.

Part D - approval by claimant or employer	
By signing this form I authorize the person named in part B to act as representative, subject to part C noted previously.	
Name	Position/title (if applicable)
Signature	Date (dd/mmm/yy)
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 where indicated.	

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

Authorized representatives

A person, firm or organization that has been licensed under the *Law Society Act* and the license is in good standing, or is exempt from the *Law Society Act* licensing requirements. Such representatives must have the claimant's or employer's written consent (authorization) to represent the workplace party in relation to a WSIB claim file. These representatives include, but are not limited to:

- lawyers
- paralegals
- union or bargaining agent representatives
- licensed representatives from the Office of the Worker Adviser (OWA) or the Office of the Employer Adviser (OEA)
- unlicensed representatives from the OWA or OEA who have provided legal services for workplace parties through the OWA or OEA any time between May 1, 2007 and December 31, 2021 and who continue to provide such services through the OWA or OEA
- constituency assistants working in Members of Provincial Parliament offices
- Indigenous courtworkers providing services as part of the Indigenous Court Program
- Ontario Federation of Labour staff and consultants representing union members in workers' compensation matters (under the Occupational Disability Response Team), including their work in representing families of deceased people

Informal representative

Is a friend or family member who helps the workplace party gain information about a claim, but does not charge a fee for this service.

Personal representative

Is anyone with the legal authority to administer the estate of a deceased person, including estate trustee or executor.

Cancelling or changing an authorization

It is the responsibility of the claimant and employer to ensure that authorization is properly managed. As such, amendment, rescindment or cancellation of any authorizations is their responsibility.

To **change** an authorization, a new direction of authorization form must be completed.

To **cancel** an authorization at any time, send a request in writing to the case manager responsible for the claim.

Code of conduct for representatives

Visit wsib.ca/reconduct to learn more about the standards of behaviour we expect from representatives of businesses and representatives of those who experienced a workplace injury or illness.

Additional information

If additional space is needed for information or additional claim numbers, please add a note on page 1 to indicate that there are additional pages and attach them to this form.

This is not a request form. It is used solely to provide authorization for representation and access to claims-related information.

If you need more information, contact the case manager responsible for the claim.

Contact us

Sign up for our online services to manage your account quickly and easily. Visit wsib.ca/onlineservices to get started.

You can call us at 1-800-387-0750 from 7:30 a.m. to 6 p.m., Monday to Friday, if you have any questions about your claim or account.