

This form is for submission of health care and work transition expenses.

General information and instructions:

Travel expenses for medical and work transition appointments for your workplace injury/illness must be **pre-approved** to avoid delays in payment. You should fill out this form based on the travel expenses approved in your claim. Please call the WSIB at 416-344-1000 or 1-800-387-0750 to find out what expenses you may claim. You should also let us know whenever there is a change in the travel needs for your injury/illness (e.g., when you are referred to a new doctor or treatment program).

NOTE: If you are awaiting a decision on your claim, you can use this form to record your travel expenses. Please submit the form only after your injury or illness is accepted as being work related.

- In general, we pay only the cost of public transit fares to medical appointments, when public transportation is available in your area and your injury/illness does not prevent you from using public transit.
- We only pay mileage and parking when there is no public transit, or the medical evidence on file shows you cannot take public transit because of your injury/illness. If we have approved mileage, and you also have parking expenses, use the same form and **submit the original parking receipt(s)**.
- We only approve travel by taxi when medical evidence indicates your injury/illness prevents you from taking public transit or driving your own vehicle, if you have one.
 - If you tell us in advance of the appointment, we will arrange for the taxi company to bill us directly, wherever possible.
 - When you have paid the taxi fare, you must **submit the original taxi receipt(s)** with your claim form.
- Generally, we consider eligibility for meals only when your appointment involves out-of-town travel. You will not be reimbursed for your meal(s) unless you were advised to claim for it. There are different maximum limits paid for each of the three daily meals.
- If you need an escort when travelling, for medical or legal reasons, escort fees can be paid but **must be pre-approved**. There are set fees for an escort in accordance with the WSIB's Table of Rates policy. If you have entitlement for an escort and a meal(s), we will also pay for your escort's meal(s).

Confirming attendance is important:

- We will pay travel expenses after we confirm that you attended a medical appointment for your workplace injury/illness on that date. We do this by checking if we have paid for the treatment, such as physiotherapy, or have a report from the doctor you saw.
- Since we do not always receive an invoice or report, you should take a travel form to all your appointments and have the treating agency or doctor put their stamp, or name and signature, beside the date of your appointment.

Details are important for quick payment as incomplete forms cannot be processed. Please check the following before submitting your form:

- Is your name and claim number on each form and receipt?
- Did you provide all the information asked for?
- Did you do all of the calculations for the amounts you are claiming?
- Did you attach all original parking or taxi receipts, if applicable?
- Is the form **signed** and **dated**?

Mileage rates:

Before Jan 1, 2001 (\$0.22/km)	Between Jan 1, 2014 to Dec 31, 2021 (\$0.40/km)
Between Jan 1, 2001 to Dec 31, 2005 (\$0.34/km)	Between Jan 1, 2022 to Dec 31, 2022 (\$0.42/km)
Between Jan 1, 2006 to Dec 31, 2008 (\$0.37/km)	Between Jan 1, 2023 to Dec 31, 2023 (\$0.48/km)
Between Jan 1, 2009 to Dec 31, 2013 (\$0.38/km)	From Jan 1, 2024 (\$0.51/km)

Keeping your own records:

We recommend you keep a copy of the completed form and all receipts for your own records. This allows you to keep track of your expense claims and payments. This also prevents you from making a duplicate claim for an expense already claimed and/or paid, which will cause a delay.

Visit wsib.ca for more information about travel expenses.

Before completing this form, please read the instructions on page 1.

A. Personal information					
Last name		First name			Initial
Current address			City	Province	Postal code
Is this a new address? Yes No		Home telephone		Work telephone	

B. Travel expense section

Please provide all information requested and complete **all** calculations.

Travel address	Type of travel	Treating agency stamp or name and signature	Public transit or taxi amount	Driving expenses	Escort? Yes / No	Total meals for claimant and escort B - Breakfast L - Lunch D - Dinner
Date (dd/mmm/yyyy) Time: _____ a.m. p.m. From: _____ To: _____ Reason: _____	Medical Return to work/ School		Public transit Taxi \$ _____ Taxi receipt enclosed? Yes No	Roundtrip distance _____ km Parking cost: \$ _____ Receipt enclosed? Yes No	Yes No	B \$ _____ L \$ _____ D \$ _____
Date (dd/mmm/yyyy) Time: _____ a.m. p.m. From: _____ To: _____ Reason: _____	Medical Return to work/ School		Public transit Taxi \$ _____ Taxi receipt enclosed? Yes No	Roundtrip distance _____ km Parking cost: \$ _____ Receipt enclosed? Yes No	Yes No	B \$ _____ L \$ _____ D \$ _____
Date (dd/mmm/yyyy) Time: _____ a.m. p.m. From: _____ To: _____ Reason: _____	Medical Return to work/ School		Public transit Taxi \$ _____ Taxi receipt enclosed? Yes No	Roundtrip distance _____ km Parking cost: \$ _____ Receipt enclosed? Yes No	Yes No	B \$ _____ L \$ _____ D \$ _____
Date (dd/mmm/yyyy) Time: _____ a.m. p.m. From: _____ To: _____ Reason: _____	Medical Return to work/ School		Public transit Taxi \$ _____ Taxi receipt enclosed? Yes No	Roundtrip distance _____ km Parking cost: \$ _____ Receipt enclosed? Yes No	Yes No	B \$ _____ L \$ _____ D \$ _____
Date (dd/mmm/yyyy) Time: _____ a.m. p.m. From: _____ To: _____ Reason: _____	Medical Return to work/ School		Public transit Taxi \$ _____ Taxi receipt enclosed? Yes No	Roundtrip distance _____ km Parking cost: \$ _____ Receipt enclosed? Yes No	Yes No	B \$ _____ L \$ _____ D \$ _____

Current mileage rate:	A.	B. (rate x km)	C.	D.
From Jan 1, 2024 (\$0.51/km)	\$	\$	\$	\$
TOTALS:				
				Total of expenses (A+B+C+D)
				\$

If you need more space, please fill out an additional form.

C. Declaration

By signing below: I understand that it is an offence to deliberately make a false statement to the WSIB; and I declare that all of the information provided above is true.

Name	Signature	Date (dd/mmm/yyyy)
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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.