

If you decide to proceed with an objection, please read the following before completing the Objection Form (employer account). It will help resolve your objection and avoid unnecessary delays.

When considering an objection

- **review the firm file** (if required) to make sure you understand the reasons for the decision(s) made
- clarify any information with the WSIB decision maker **before** completing the objection form
- review the relevant WSIB policies and/or the Employer Classification Manual (if needed), at wsib.ca/en/policy

IMPORTANT NOTICE

- you have already met the time limit to appeal
- there are no time limits for returning the objection form
- the most common reason for changing a decision is receiving new information
- please send any new information that may change our decision with the completed objection form

Representation

- you may represent yourself or use a representative of your choice
- the **Office of the Employer Adviser** provides advice to businesses about their WSIB matters and provides representation services for small- to mid-sized businesses at no cost. You can reach the Office of the Employer Advisor at 1-800-387-0774 or askOEA@ontario.ca

Role of the decision maker

- the decision maker reviews all new information and reconsiders the decision(s) once we receive the completed objection form
- the decision maker promptly communicates all considerations
- we will refer the case to the Appeals Services Division if the objecting party isn't satisfied with the results of our reconsideration. We will let you know if this happens

Role of the Appeals Services Division

- the Appeals Services Division offers a one-level appeal process using a variety of resolution methods
- an Appeals Resolution Officer will call you to discuss these resolution methods if the matter proceeds to the Appeals Services Division
- an Appeals Resolution Officer's decision is the WSIB's final decision and can only be appealed to the independent Workplace Safety and Insurance Appeals Tribunal
- please read the Appeals Services Division practices and procedures document for more information about the appeals process (wsib.ca/en/appeals)

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

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

Please read the information sheet on Objecting to an employer account decision before completing this form.

| General information | | | |
|---------------------|--|--|--|
|---------------------|--|--|--|

| | | | |
|-----------------------|--------------|----------------|--|
| Legal name of company | | Account number | Firm number |
| Address | | City/Town | |
| Postal code | Phone number | Email address | Language English French Other |

| Objection |
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I wish to object to the following decision(s):

| Decision maker | Date of decision (dd/mmm/yyyy) |
|----------------|--------------------------------|
| | |
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| Reasons for objection |
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Please explain why you disagree with the decision(s). Be as specific as possible. Attach additional pages if necessary.

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

New information

| | | |
|---|-----------|--|
| Is there any new information that was not considered when the decision was originally made? | Yes No | If yes , include this information with your objection form. |
|---|-----------|--|

What results are you seeking from this process?

Representation

See instruction sheet for information on possible available assistance.

Please select all that apply:

- I will represent myself in the objection process
- I request a copy of my firm file
- I am currently seeking representation
- I have a representative to handle my objection

You must have a *signed* [Authorization for access to business account information form](#) on the firm file if you have a representative. You must submit a signed Authorization for access to business account information form along with this form if you do not have one on file and you have a representative to handle your objection.

| | | | |
|-----------------------|-----------|--------------|---------------|
| Representative's name | | Organization | |
| Address | City/Town | Phone number | Email address |

Signature

| | |
|-----------|--------------------|
| Signature | Date (dd/mmm/yyyy) |
| Full name | Title |

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.

| | |
|--|--|
| Please send the completed form to: employeraccounts@wsib.on.ca . | OR Workplace Safety and Insurance Board 200 Front Street West Toronto ON M5V 3J1 |
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