FORM 6

WORKER'S REPORT OF INJURY/DISEASE

REFERENCE GUIDE FOR WORKERS

PRINT GUIDE

ENTER GUIDE

WSIB ONTARIO CSPAAT
Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

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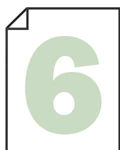


What To Do If You Have An Accident at Work

What do I do if I get hurt or sick at work?

A worker who is injured at work or becomes sick because of his/her job should:

1. Get first aid immediately, or health care if needed.
2. Tell your employer about the accident or illness as soon as possible.

How is the injury reported to the Workplace Safety and Insurance Board (WSIB)?

Your employer is responsible, by law, to report the accident or illness to the WSIB. That is why it is important to tell your supervisor about the incident or illness. The employer must complete and submit a special WSIB form called the Employer's Report of Injury/Disease (Form 7). There is a time limit for them to report so it is important for you to let the employer know as quickly as possible.

The employer is also required to do the following:

- pay you full wages for the day or shift the accident/illness occurred, and
- arrange and pay for transportation (on the day of accident) to get you to health care, if needed, and
- give you a copy of the Employer's Report of Injury/Disease (Form 7) once it is completed.

When can I make a claim for WSIB benefits?

As a worker, you can claim benefits for a work-related accident or illness if you have:

- received health care, and
- lost time or wages from work beyond the day of accident/illness, or
- continued to work but on partial hours only.

If you had to do different work due to the accident/illness for more than seven days and did not see a health professional, you can also make a claim.

There is a time limit for you to report. It is important to claim benefits as soon as possible. **You have six months** from the date of the accident to claim benefits or, for occupational diseases, from the start of the illness.

Do I always have to claim?

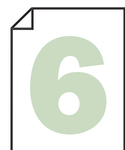
You do not have to make a claim if **all four** of the following apply:

- only first aid treatment was needed, and
- you did not take any time off work, and
- your pay was not affected, and
- your job duties did not change.

How do I make a claim if I do not think my employer has reported the accident/illness?

A worker can make a claim by doing one of the following:

- complete, sign and submit a Worker's Report of Injury/Disease (Form 6) (See "How do I get this form? on page 5) or
- call the WSIB General Number Toll Free at 1-800-387-0750 or (416) 344-1000 and ask for assistance and one of our representatives can help you, or
- tell the health professional (chiropractor, dentist, physician, physiotherapist or registered nurse extended class) who first treats you that the accident/illness is work-related so they can complete and submit a Health Professional's Report (Form 8), or
- visit your local WSIB Office – office locations are found on the back cover of this document , or
- contact your employer, or
- if you have a union, ask them for help.



What do WSIB benefits cover?

If you have an accident/illness at work, you may be entitled to WSIB insurance benefits. The WSIB insurance benefits may pay for:

- health care to treat the injury/illness (for example – physiotherapy, chiropractic treatment, etc…)
- medications prescribed for your injury/illness and
- temporary income (wages lost while recovering).

Please note:

If your claim is approved, the wage loss benefit pays you for time missed beginning after the day of accident/illness. Your employer must pay your full wages for the day of accident/illness.

What if I have to go to a health professional or hospital because of the accident/illness?

1. Tell the person treating you that the injury happened at work.
2. If you are ill and you think it was caused by something at work, tell the person treating you:
   - when you first noticed the symptoms
   - what the work conditions are and how long you have worked in these conditions.
3. The person treating you needs to complete a WSIB report (Health Professional's Report – Form 8) and send it to the WSIB. On the form there are places for you to give information about yourself and your employer.

What about returning to work?

It may be possible for you to return to work while you are in treatment and recovering. To help in returning to work, you need to:

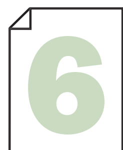
1. Participate fully in your treatment plan
2. Talk to your health professional about your progress in treatment and about returning to work
3. Stay in contact with your employer and keep them up-to-date on your progress and
4. Talk with your employer about ways you can return to work early and safely. This may include:
   - making temporary changes to your regular job
   - doing different work
   - working shorter or different hours or
   - any other options you and your employer may come up with.

What to do if you think the WSIB has not been notified?

We can tell you if the accident/illness was reported or help establish a claim. Call us directly Toll Free at 1-800-387-0750 or (416) 344-1000. If you are hearing impaired call TTY 1-800-387-0050.

When should I claim?

It is important to claim benefits as soon as possible. You have six months from the date of the accident to claim benefits or, for occupational diseases, from the start of the illness.



General Information About The Form 6

What is a Worker's Report of Injury/Disease (Form 6)?

Often called just the Form 6, this is a WSIB form that the worker completes and sends to the Workplace Safety and Insurance Board after a work-related injury or illness.

It is a way for you to tell us the details of what happened to cause the injury or illness. It also provides us with information we need to make decisions about and process your claim. This form is different from the one you may have filled out at work for your employer. When you complete and submit the Form 6 it tells us that you are claiming for benefits for a work-related accident.

When should I complete this form?

You should complete, sign and return this form as soon as possible following a work related injury/awareness of illness. It's best to complete this form soon after the accident or awareness of illness – while all the details are still fresh in your memory.

There is a deadline. A claim must be filed within **six months** of an accident or, in the case of an occupational disease, within **six months** of a worker learning of the disease. The claim may be filed after six months, if the worker can show "exceptional circumstances" existed at the time of the deadline. For further information, call 1-800-387-5540.

How do I get this form?

There are several ways that you can get this form.

- when the WSIB establishes your claim from the employer's or health professional's report, we will mail a Worker's Report to you
- your local union office/representative may have one to give you
- you can print one off the WSIB website at **www.wsib.on.ca** (Forms Tab – Workers) or
- call or drop by your local WSIB office to ask for a Form 6 – Worker's Report of Injury/Disease.

If you have completed a Form 6 and sent it to us, and then you receive one in the mail, call us to make sure that we have received and recorded the original. If we can confirm that we have it, then you don't have to complete it again. In fact, we prefer that you don't send in two, because it can be confusing.

What if I need help to complete the Form 6?

If you need help or cannot complete the Form 6 yourself, we suggest that first you ask a family member or friend to help you. Or, you can also contact us directly Toll Free at 1-800-387-0750 or (416) 344-1000. We can assist you in many languages. For help in another language call 1-800-465-5606. If you are deaf or hard of hearing, call TTY: 1-800-387-0050.

What do I do after completing the Form 6?

- Sign and date it
- Send a copy to the Workplace Safety and Insurance Board (WSIB)

  Mail: Workplace Safety and Insurance Board
200 Front Street West
Toronto ON M5V 3J1

  OR

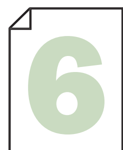
  Fax: Local: (416) 344-4684
Toll-Free 1-888-313-7373

  OR

  Drop it off to your local WSIB Office. Locations are listed on the back cover of this guide.

Remember to:

- Provide a copy to your employer
- Keep a copy for your own records
- **Please print clearly in black ink.**

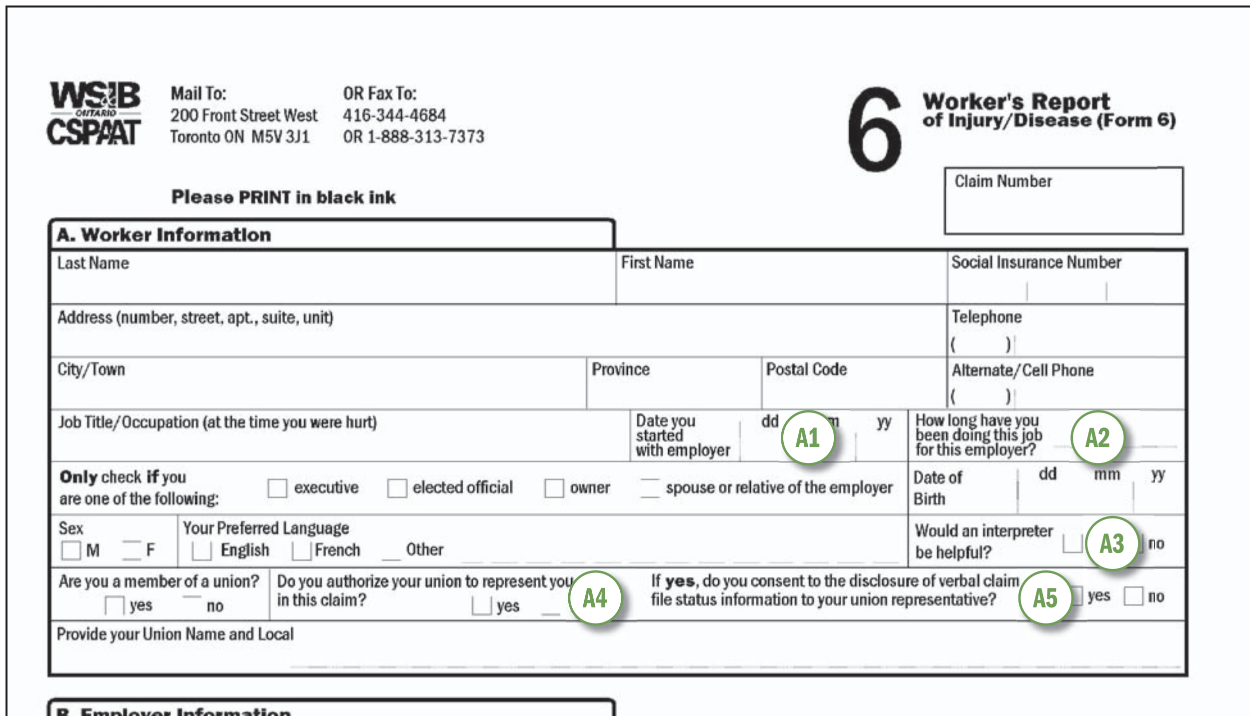


Section A – Worker Information

This information is important to set up your claim accurately. Please make sure all information is complete and correct. Incorrect information may cause delays in handling your claim. Include your:

- full name
- complete mailing address
- phone number
- date of birth and
- Social Insurance Number

Please note that your Name and Social Insurance Number must appear on all 3 pages.



WSIB ONTARIO CSPAAT

Mail To:
200 Front Street West
Toronto ON M5V 3J1

OR Fax To:
416-344-4684
OR 1-888-313-7373

6 **Worker's Report of Injury/Disease (Form 6)**

Claim Number

Please PRINT in black ink

A. Worker Information

Last Name | First Name | Social Insurance Number

Address (number, street, apt., suite, unit) | Telephone ( )

City/Town | Province | Postal Code | Alternate/Cell Phone ( )

Job Title/Occupation (at the time you were hurt) | Date you started with employer dd mm yy (A1) | How long have you been doing this job for this employer? (A2)

Only check **if** you are one of the following: executive / elected official / owner / spouse or relative of the employer | Date of Birth dd mm yy

Sex: M / F | Your Preferred Language: English / French / Other | Would an interpreter be helpful? (A3) no

Are you a member of a union? yes / no | Do you authorize your union to represent you in this claim? yes (A4) | If **yes**, do you consent to the disclosure of verbal claim file status information to your union representative? (A5) yes / no

Provide your Union Name and Local

B. Employer Information

A1 Date you started with employer

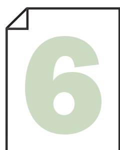
Give us the date that you started to work with your employer. If you worked for them in the past, (you may be a temporary or seasonal worker), give us the most recent (latest) date that you started to work with this employer.

A2 How long have you been doing this job for this employer?

Give the length of time (in years, months, weeks or days) that you have been doing the job that you were hurt at.

Example:

You have worked for ABC Company for 6 years, first as shipper/receiver for two years, then as warehouse lead hand for one year, then as warehouse manager for three years. You were the manager when injured, so



put the length of time you have been the manager (three years).

A3 Would an interpreter be useful?

☐ yes ☐ no

The WSIB provides translation and interpretation services in several languages to help you communicate with WSIB staff. The service is at no cost to you. To ask for help in another language call 1-800-465-5606.

A4 Do you authorize your union to represent you in this claim?

☐ yes ☐ no

If you are a member of a union, you may want to contact them to help you with this claim. If you do, please check 'yes' here.

A5 If yes, do you consent to the disclosure of verbal claim file status information to your union representative?

☐ yes ☐ no

This means you agree to let the WSIB talk about your claim with your union representative. If you do want your union to help you with this claim, check 'yes' here so we can talk to them about the status of your claim. If your union representative wants access to written material in your claim, they must send us written authorization that you have chosen them to represent you.

If you choose a representative who is not from your union, you will need to provide written authorization for the exchange of any information.

Section B – Employer Information

This section provides us with information about your employer. We need all the information requested. We will use this information to process your claim and contact your employer if necessary.

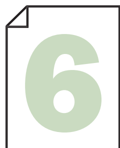
If you need to, check your pay stub for the correct employer information, including the full Company Name.

If you work for a Temporary Employment Agency, in this section please give us the name of the agency who sent you to the job, not the name of the worksite employer. You can give us the location information in the next section.

B. Employer Information

Company/Employer Name		
Address		
City/Town	Province	Postal Code
Your Immediate Supervisor's Name	Company Telephone ( )	

C. Accident/Illness Dates & Details



Section C – Accident/Illness Dates and Details

This section provides with the details about your accident/illness.

C. Accident/Illness Dates & Details

1. Date and hour of accident/Awareness of illness dd mm yy AM PM (C1)

Date and hour reported to employer dd mm yy AM PM (C2)

2. Who did you report this accident/illness to? (Name & Position) (C3)

Telephone ( )

3. Area of Injury (Body Part) - (Please check all that apply) (C4)

Head, Face, Eye(s), Ear(s) · Teeth, Neck, Chest · Upper back, Lower back, Abdomen, Pelvis

Left / Right: Shoulder, Arm, Elbow, Forearm · Wrist, Hand, Finger(s) · Hip, Thigh, Knee, Lower Leg · Ankle, Foot, Toe(s)

Other:

Are you: Left Handed Right handed

4. Did the accident/illness happen on the employer's property or work site? (C5) no

Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.):

C1 Date and hour of accident/Awareness of illness

If the accident happened suddenly (for example – you slipped on wet floor and twisted your left ankle), give us the date and time the accident occurred.

If the accident did not happen suddenly, but your injury occurred over a period of time (for example – as a cashier, you developed tennis elbow because of scanning groceries) give us the approximate date you first started to notice it.

C2 Date and hour reported to employer

Give us the date and time you first told your employer about the injury/illness. Remember it is important to let them know right away.

C3 Who did you report this accident/illness to?

(Name & Position and Telephone)

You should report your accident/illness, as soon as possible, to your employer. This should be your supervisor, manager, company nurse, or other person your employer has specified. Give the name, position and telephone number of that person.

C4 Area of Injury (Body Part)

(Please check all that apply)

Check (√) all of the body parts you may have hurt as a result of this accident/illness. If it is not listed here, check (√) "Other" and give us a written description. Remember to indicate the left or right side of the body.

Also check (√) if you are left-handed or right-handed. This useful information can be helpful in getting you back to work.

C5 Did the accident/illness happen on the employer's property or work site?

☐ yes ☐ no

Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.)

Your accident/illness may or may not have happened on your employer's property or worksite. If it did, check (√) 'yes' and tell us where it happened on the premises (for example – shipping area, paint shop, assembly line three, etc…)

Section C – Accident/Illness Dates and Details *continued...*

4. Did the accident/illness happen on the employer's property or work site? ☐ yes ☐ no
Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.):

5. Did it happen outside the Province of Ontario? (C6) ☐ no
If **yes**, indicate where (city, province/state, country):

6. Have you hurt this area(s) of your body before? (C7) ☐ yes ☐ no

7. Do you have any prior related WSIB/WCB claims? ☐ no (C8) ☐ yes - In Ontario ☐ yes - Outside Ontario

A guide to complete this form is available at www.wsib.on.ca

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If no, please tell us the location.

Examples:

- you may work for a cleaning company and are assigned to do cleaning work at a large retail store, where the injury happened, then you would name that store and its location
- you may work away from a central office/area and are visiting a client site, name the client site and location here
- you may work for a temporary employment agency, and this is where you would put the name of the company where you are placed.

C6 Did it happen outside the Province of Ontario?

☐ yes ☐ no

If yes, indicate where (city, province/state, country)

Check 'yes' if the accident/illness occurred outside of Ontario. If yes, you may have the choice of claiming benefits either in Ontario or in that other jurisdiction.

The answer 'yes' prompts the WSIB to send you a form so you can choose where you will claim benefits. This is called an election form and it will help avoid potential delays. If you are claiming in Ontario you must say so on the election form. Without this information, we can establish a claim but we cannot make any decision about benefits until we receive and approve the election form. You have three months from the date of issue to submit the election form.

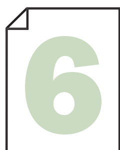
Example:

A truck driver who lives in Ontario but travels across provincial borders has a motor vehicle incident in Manitoba. The worker has the choice to claim in Manitoba or Ontario.

C7 Have you hurt this/these area(s) of your body before?

☐ yes ☐ no

Check 'yes' here if you have hurt an area of your body before. It does not mean that we will deny your claim, but it will help us find earlier records that may assist with processing your claim. As well, it may reduce the costs of the claim for your current employer.



C8 Do you have any prior related WSIB/WCB claims?

☐ no
☐ yes – In Ontario ☐ yes – Outside Ontario

Check 'yes' here if you have had a prior claim, in Ontario or elsewhere, for the same area of injury. This helps us to determine if this may be a re-injury under that prior claim.

Section C – Accident/Illness Dates and Details *continued...*

WSIB ONTARIO CSPAAT

Please PRINT in black ink

6 **Worker's Report of Injury/Disease (Form 6)**

Claim Number

Worker Name - Last Name	First Name	Social Insurance Number

C. Accident/Illness Dates & Details (continued)

8. If you had a sudden type of accident/illness, describe your injury and what happened to cause it (e.g. hurt lower back while lifting a 50 pound box, sprained left ankle when I slipped on a wet floor, used a new cleaner and immediately got a rash). Please indicate the size, weights and names of any objects involved.
or
If you had a gradual onset type of injury, describe your injury, the work that you do and what you believe caused your injury/condition.

C9

9. When did you first start to have problems with this injury/condition? C10

10. If you did not report this to your employer right away, please tell us the reason why. C11

11. If there were any witnesses to your accident, or if you mentioned your pain or problems to your supervisor or any of your co-workers, give us their names & positions. C12

	Name	Position
1.		
2.		

12. The Workplace Safety and Insurance Act requires your employer to give you a copy of the Employer's Report of Injury/Disease (Form 7).
Did you receive a copy of the Form 7? ☐ yes ☐ no

C13 **The Workplace Safety and Insurance Act requires you to give a copy of this report (Worker's Report of Injury/Disease - Form 6) to your employer.**

C9 If you had a sudden type of accident/illness, describe your injury...

Give us the full details of how the accident/illness happened and what you were doing when it occurred. Be sure to include: sizes, weights and names of object involved, a description of any machinery, tools or vehicles used at the time of accident/illness, any environmental conditions (work area, temperature, noise, chemicals, gas, fumes, other person) or any other information you think is important.

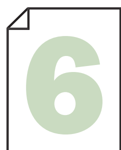
Example:

I was moving boxes in the storage room. I lifted a 40 lb box from the floor to place on a shelf. I twisted to the right while lifting, and hurt my upper back.

OR

If you had a gradual onset type of injury, describe your injury...

If your injury/illness developed over a period of time, please provide a detailed description of the work you do. Give details about the:



- frequency of activities (how often you do this task)
- the sizes and weights involved
- how long you have been doing this work
- if there are any recent changes to the work or the workplace
- any changes to your work schedule and
- tools or products you use to do this work.

Example:

I am a cashier. I continually scan products for my entire 6 hour shift using my left arm. The products weigh from a few ounces to up to 10 lbs. The belt has been malfunctioning over the past three weeks forcing me to reach further that I usually do for the products. I recently started to experience pain in my left elbow.

C10 When did you first start to have problems with this injury/condition?

WSIB may use this information to help determine a day of accident/illness, especially for injuries that developed over a period of time.

C11 If you did not report this to your employer right away, please tell us the reason why.

You should report accidents/illnesses right away. There may be a reason why you did not report right away and we need to know the reason.

C12 If there were any witnesses to your accident...

This information is used to get a fuller understanding of the accident/illness.

Provide the names and positions of any co-workers that you told about the accident, the pain you feel, or who may have seen what happened. The WSIB may need to contact them for further information.

C13 The *Workplace Safety and Insurance Act* requires your employer to give you a copy of the Employer's Report of Injury/ Disease (Form 7).

Did you receive a copy of the Form 7?
☐ yes ☐ no

You should have received a copy of the Employer's Report of Injury/Disease (Form 7) from your employer. If you did not, ask them for your copy.

The *Workplace Safety and Insurance Act* requires you to give a copy of this report (Worker's Report of Injury/Disease – Form 6) to your employer.

Just like your employer must provide you with a copy of their report, you are also required to give your employer a copy of your report (Form 6). The information you provide may help them in their accident investigation and prevent this type accident from happening again.

Section D – Health Care Information

This section gives us information on any health care you received for your injury/illness. If you get health care treatment, you must tell the person treating you that the injury happened at work. The health professional (chiropractor, dentist, physician, physiotherapist or registered nurse extended class) treating you will then need to complete a report and send it to the WSIB so you can claim benefits. Most health professionals keep copies of the Health Professional's Report (form 8) in their office or, they can print one from our web site.

To ensure that we receive their reports in a timely way, please tell the person treating you that this accident/ illness is work-related. The WSIB may also request reports directly from health professionals.

As soon as you know your claim number, please give it to the health professional treating you.

Remember, on the day of accident, the employer is responsible to pay for transportation to get you to health care, if needed.

D. Health Care Information — **Give your Health Professional your WSIB Claim number.**

1. Did you get first aid or care at work (D1) ☐ yes ☐ no If **yes**, when dd mm yy and by whom (Name):

2. Where did you go for health care, for your injury, outside of work? **(Check all that apply)** (D2)

	Facility/Hospital (Name & Address)	Date of Visit (dd/mm/yy)		Date of Visit (dd/mm/yy)
☐ Nursing Station			☐ Ambulance	
☐ Emergency Department			☐ Health Professional Office	
☐ Admitted to Hospital			☐ Clinic	

3. Were you prescribed any medications/drugs? ☐ yes ☐ no (D3)

4. Were you referred for any other treatment or tests? ☐ yes ☐ no (D4)

5. Did you talk to your health professional about going back to regular or modified work? ☐ yes ☐ no (D5) If **yes**, were you given any work limitations? ☐ yes ☐ no

D1 Did you get first aid or care at work?

☐ yes ☐ no If yes, when and by whom...

First aid refers to any care provided to a worker that could be given by a trained first-aider (e.g. washing a wound, applying a dressing, etc…) even if done by an in-house health professional.

Check 'yes' here if someone treated you at work for your injury/illness. Give us the date when you were treated and the name (or title – as indicated in example) of the person who treated you at work.

Example:

☑ yes 23/03/05, company nurse

D2 Where did you go for health care, for your injury, outside of work?

(Check all that apply)

Health care refers to any professional services provided by anyone of the following registered health care professionals (chiropractor, physician, physiotherapist, registered nurse extended class or dentist). This health care can be at a hospital or other facility (emergency department, walk-in clinic, health professional office, etc…) or the worksite.

Check (√) all the places that you went for health care outside of work.

Nursing Station

This is a facility that is not part of a hospital, usually found in smaller communities.

Emergency Department

This may be part of a hospital or in a specialized emergency facility outside of a hospital.

Admitted to Hospital

Check this only if you were admitted to a hospital for an overnight stay.

Ambulance

Check this if a paramedic treated you.

Health Professional Office

Many health professionals have their own private practice and this refers to that health professional's independent office. This includes a:

- chiropractor
- physician
- physiotherapist
- registered nurse extended practice or
- dentist.

Clinic

This refers to a walk-in clinic or a facility where several health professionals provide health care.

For *Nursing Station*, *Emergency Department* and *Admitted to Hospital*, please give us their name and address as well as the date of visit.

For *Ambulance*, *Health Professional Office*, and *Clinic*, please give us the date of visit only.

D3 Were you prescribed any medications/drugs?

☐ yes ☐ no

Please check (√) whether you were given any medication/drugs for your injury/illness. We may pay for medications/drugs prescribed as a result of the accident/illness. You do not need to give the name of the medications/drugs.

D4 Were you referred for any other treatment or tests?

☐ yes ☐ no

Check (√) here whether you were referred for any other treatment (example: physiotherapy, chiropractic, massage, acupuncture), or tests (example: MRI, CT Scan, X-ray, bone scan, etc.).

D5 Did you talk to your health professional about going back to regular or modified work?

☐ yes ☐ no

If yes, were you given any work limitations?

☐ yes ☐ no

Take the opportunity to talk to your health professional about a return to work. Your health professional may provide you with work/task limitations for this, which will help guide you and your employer in your return to work. You have an obligation to tell your employer if you have been provided with any limitations.

You can share these limitations with your employer by having the health professional complete a:

- return to work note or
- by giving the health professional a

Section D – Health Care Information *continued...*

6. Did you tell your employer you went for medical treatment? ☐ yes ☐ no **If no, please tell your employer right away.**

If **yes**, when? dd mm yy (D6) and to whom? Name ____ Position ____

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"Functional Abilities Form for Timely Return to Work" form which can be given to you by your employer, your union or WSIB office.

Your employer may be able to accommodate you with work based on your work/task limitations.

D6 Did you tell your employer you went for medical treatment?

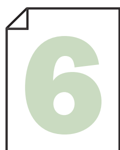
☐ yes ☐ no

If yes, when (date field)
and to whom? (Name, Position)

If no, please tell your employer right away.

You must tell your employer that you went for medical treatment for your injury. If your employer has not already done so, they will need to complete an Employer's Report of Injury/Disease (Form 7) and submit it to the WSIB. Please provide the date when you told your employer that you went for medical treatment.

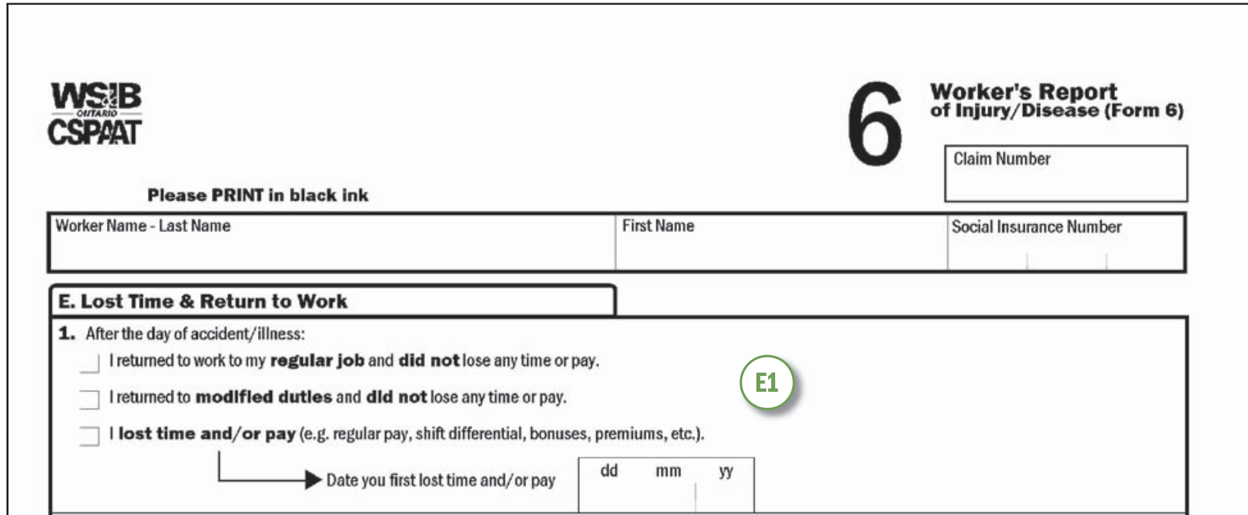
If you have not told your employer that you went for medical treatment, please tell them right away.



Section E – Lost Time & Return to Work

This section gives us information on whether or not you have lost time and/or pay because of your accident/illness. If you did lose time and have already returned to work, we need information about your return to work. If you have not returned to work, you need to contact your employer to discuss it.

The employer is responsible to pay you your full wages for the day of accident/illness.



WSIB ONTARIO CSPAAT

6 **Worker's Report of Injury/Disease (Form 6)**

Claim Number

Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number

E. Lost Time & Return to Work

1. After the day of accident/illness:

☐ I returned to work to my **regular job** and **did not** lose any time or pay.

☐ I returned to **modified duties** and **did not** lose any time or pay.

☐ I **lost time and/or pay** (e.g. regular pay, shift differential, bonuses, premiums, etc.).

→ Date you first lost time and/or pay: dd mm yy

E1

E1 After the day of accident/illness:

☐ I returned to work to my regular job and did not lose any time or pay.

Check (√) this box if you returned to work on your next regularly scheduled shift **and** you returned to your normal work duties with no changes **and** you did not miss any time from work or suffered any reduction in your earnings.

☐ I returned to modified duties and did not lose any time or pay.

Check (√) this box if you returned to work on your next regularly scheduled shift **and** you returned to modified work duties **and** you did not miss any time from work or suffer any reduction in your earnings.

Modified duties may be any change or accommodation to your work or the workplace.

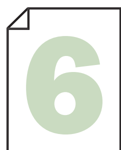
☐ I lost time and/or pay (e.g. regular pay, shift differential, bonuses, premiums, etc.).

Check (√) this box if you missed any time from work **or** suffered any reduction in your earnings **or** if your employer paid you while you were off work.

This lost time may be for a partial day **or** an entire day or more. This includes time taken for a medical appointment **or** health care treatment for your injury/illness.

Date you first lost time and/or pay.

Give us the first date that you either missed time or that you had a loss of earnings.



Section E – Lost Time & Return to Work *continued...*

2. If you lost time, have you returned to work? E2 yes no

If **yes** ▶ Date of your return to work dd mm yy regular work modified work

If **no** ▶ Did you discuss return to work with your employer? E3 yes no | Does your employer have modified work? E4 yes no

F. Earnings (Do not include overtime here)

E2 If you lost time, have you returned to work?

Check 'yes' if you have lost time but have since returned to work.

If yes > Date of your return to work

☐ regular work ☐ modified work

Provide the date you returned to work and whether you returned to your regular work or to modified work.

Check 'no' if you have not yet returned to work.

E3 Did you discuss return to work with your employer?

☐ yes ☐ no

A worker is required to take an active part in the return-to-work process. This means that you are required to stay in touch with your employer and discuss your safe return to regular or modified work.

Discussing return to work gives you a chance to talk about any concerns or worries you have with your employer about your return to work, especially if you have been provided with work/task limitations by your health professional. It also gives your employer a chance to discuss the set up of modified work with you, if necessary.

E4 Does your employer have modified work?

☐ yes ☐ no

It is your responsibility to call your employer to find out if they have work that you can do while you are recovering.

If, after you complete and send us this report, there is any change in the information that you gave us in this section, please call your adjudicator right away and let them know what has changed.

Section F – Earnings (Do not include overtime here)

This section provides basic information about your earnings. This information may be used by the WSIB when paying benefits for lost time from work due to your injury.

F. Earnings (Do not include overtime here)

1. Rate of pay: $ ______ (F1) per ☐ hour ☐ week ☐ other: ______
2. Usual number of pay hours: ______ (F2) per ☐ week ☐ other: ______
3. If you lost time from work after the day of accident/illness, did your employer continue to pay you? (F3) ☐ yes ☐ no
4. Have you applied for, or did you receive, any other benefits (money) while off work (e.g. EI benefits, sick benefits, social services, insurance, etc.). (F4) ☐ yes ☐ no
5. At the time of the accident/illness did you work for more than one employer? (F5) ☐ yes ☐ no

F1 Rate of Pay:

Indicate how much you get paid by the hour if you are paid hourly, weekly if paid weekly, or "Other" if pay is based on salary, commission, piecework, etc… If you choose "Other", please indicate the type of pay.

F2 Usual number of pay hours:

Provide the usual number of hours you work per week.

F3 If you lost time from work after the day of accident/illness, did your employer continue to pay you?

☐ yes ☐ no

If you lost time from work due to your injury, your employer may have continued to pay you for the lost time from work. Please check (√) 'yes' if your employer continued to pay you while you were off work.

F4 Have you applied for, or did you receive, any other benefits (money) while off work...

☐ yes ☐ no

You must advise the WSIB if you have applied for, or are receiving, any other benefits as a result of your injury and/or lost time from work.

F5 At the time of the accident/illness did you work for more than one employer?

☐ yes ☐ no

Check 'yes' if you worked for more than one employer at the time of your accident. This information is important when calculating what the WSIB will pay you.

Section G – Declarations and Signature

G. Declarations and Signature

By signing below, you are claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. When you make a claim for benefits, you must consent to disclose your functional abilities information. Your consent allows your health professional to release information about your functional abilities directly to your employer in addition to the WSIB.

It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.
I declare that all of the information provided on pages 1, 2, and 3 is true.

Signature	Date (dd/mm/yy)

If you are under the age of 16, your parent or guardian, must authorize the release of the functional abilities information.

Signature	Relationship:	Date (dd/mm/yy)	Telephone
			( )

Personal information about you will be collected throughout your claim under the authority of the Freedom of Information and Protection of Privacy Act and will be used to administer the Workplace Safety and Insurance Act, 1997, your claim and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the Income Tax Act. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers, and others as authorized by the Workplace Safety and Insurance Act and the Freedom of Information and Protection of Privacy Act. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Questions should be directed to the decision maker responsible for your file or toll free at 1-800-387-5540.

A more detailed PRIVACY STATEMENT for workers may be found at www.wsib.on.ca **or by calling toll free at 1-800-387-5540.**

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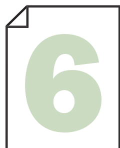
When you sign this form, it tells the WSIB that you are claiming benefits for your work-related injury/illness and that you are declaring that all information you have provided on each page of this form is true. If you do not sign the form it could delay your benefits.

Your privacy is important to us. You can get a Privacy Statement from the WSIB website at **www.wsib.on.ca** or by calling your adjudicator at 1-800-387-5540.

Please sign and date the form and forward it to the WSIB either by fax or by mail. Be sure to keep a copy for your records and to also **give a copy of the completed form to your employer**.

Mail: Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1

Fax: Local: (416) 344-4684
Toll-Free 1-888-313-7373



Notes

WSIB Offices

GUELPH
Phone: 519-826-4650
Toll Free: 1-888-259-4228

HAMILTON
Phone: 905-523-1800
Toll Free: 1-800-263-8488

KINGSTON
Phone: 613-544-9682
Toll Free: 1-800-267-9461

KITCHENER
Phone: 519-576-4130
Toll Free: 1-800-265-2570

LONDON
Phone: 519-663-2331
Toll Free: 1-800-265-4752

NORTH BAY
Phone: 705-472-5200
Toll Free: 1-800-461-9521

OTTAWA
Phone: 613-237-8840
Toll Free: 1-800-267-9601

SAULT STE. MARIE
Phone: 705-942-3002
Toll Free: 1-800-461-6005

ST. CATHARINES
Phone: 905-687-8622
Toll Free: 1-800-263-2484

SUDBURY
Phone: 705-675-9301
Toll Free: 1-800-461-3350

THUNDER BAY
Phone: 807-343-1710
Toll Free: 1-800-465-3934

TIMMINS
Phone: 705-235-6130
Toll Free: 1-800-461-9856

TORONTO (APPEALS BRANCH)
Phone: 416-344-1014
Toll Free: 1-800-387-0773

TORONTO
Phone: 416-344-1000
Fax: 416-344-4684
Teletypewriter: 1-800-387-0050
Toll Free: 1-800-387-0080
Ontario Toll Free: 1-800-387-0750

WINDSOR
Phone: 519-966-0660
Toll Free: 1-800-265-7380

www.wsib.on.ca

Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

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