

NOT VALID FOR ACCESS TO CLAIM FILE INFORMATION



Send the completed & signed form to:
Workplace Safety & Insurance Board
200 Front Street West,
Toronto, Ontario M5V 3J1

OR fax to:
416-344-4684
1-888-313-7373

**Firm File/Account Access
Consent - Employer Accounts**

This form can be used for either employer firm file access or consent for the Workplace Safety and Insurance Board (WSIB) to share the employer's firm file or account information with a third party who will not be a legal representative to the employer.

Please complete a separate form for each account/firm number.

Employer Information				
Legal Name of Company		Account No.	Firm No.	
Address	City/Town	Postal Code	Province	
Telephone		Fax		
<p>Please choose one or more option(s) below:</p> <p><input type="checkbox"/> I request that a copy of my firm file be sent to me at the above address.</p> <p><input type="checkbox"/> I request that a copy of my firm file be sent to a third party listed below. (Please complete section below)</p> <p><input type="checkbox"/> I consent to the WSIB to communicate any firm file or account information to the third party listed below upon the request of the third party. (Please complete section below)</p>				
Name of Authorized Officer of the Company (print)		Position/Title		
Signature of Authorized Officer of the Company		Date (dd/mm/yy)		

Third Party Information			
Information required if requesting copy of firm file to be sent to a Third Party or if providing consent for the WSIB to provide firm file or account information to a Third Party.			
Name of Third Party			
Name of Organization/Firm			
Address	City/Town	Postal Code	Province
Country	Telephone		

Extent of Authorization and Expiration	
In the box below, indicate the expiry date of this authorization to a maximum of 2 years from the Effective Date of Authorization.	
Authorization Expiry Date (dd/mm/yy)	If no expiry date is provided, the default validity period will be 6 months from the Effective Date of Authorization, indicated at the top of the page.

If you encounter any difficulties or have questions regarding this request, you may contact the Employer Service Centre at (416)344-1000 or toll-free at 1-800-387-0750.

Cancelling or changing a consent

It is the responsibility of the employer to ensure that consent to share information is properly managed. As such, amendment, rescindment or cancellation of such consent is the responsibility of the employer.

Representation

This form is not valid to authorize a legal representative. Please complete a *Direction of Authorization Employer Accounts* when authorizing a representative.

To **change** a consent, a new *Firm File/Account Access Consent - Employer Accounts* form must be completed.

To **cancel** a consent at any time, telephone the Workplace Safety & Insurance Board (WSIB) at 1-800-387-0750 with your request or FAX a request to 416-344-4684 or 1-888-313-7373. A letter confirming the cancellation will be sent to you and a copy will be sent to the representative.

Authorized officers

Refer to policy 21-01-02 *Authorization of Employer Representatives Regarding Employer Information* for additional information, which includes the definition of an authorized officer of the company as follows:

An authorized officer is defined as an individual within the company who is in a position to commit the organization on a corporate level, or who would normally have access to, and control of, the information to be released. Examples of such individuals are sole proprietors, partners, presidents, vice-presidents, general managers, chief financial officers, controllers, directors of finance, safety officers, and individuals in other positions in which access to confidential employer information is typical.

Spouses, same-sex partners (in decisions made on or after March 1, 2000), or family members are not entitled to access, or to authorize the release of, confidential information unless the person in question is an owner, partner, executive officer, or authorized officer of the company, or an authorized representative of the company.

Representation & access to claim/worker information

In addition to policies 21-01-01 *Access to Employer Information* and 21-01-02 *Authorization of Employer Representatives Regarding Employer Information*, claim-related policies regarding worker information also apply, including policy 21-02-04, *Disclosure of Claim File Information to Worker or Employer Representatives*, which requires that a copy of the authorization must be provided for each claim file to which access is requested.

If an employer wants to be represented for employer account issues, the *Direction of Authorization Employer Accounts* form must be completed.

If an employer wants to be represented for claim file issues, the *Direction of Authorization Claims* form must be completed.

When submitting by fax, please transmit using only original documents.

This form is used solely to request that employer-related information be provided to the employer or a third-party who is not legally representing the employer.

If you need more information, contact the WSIB at 1-800-387-0750 or by fax at 416-344-4684 or 1-888-313-7373.

To avoid delays, please complete in full, and print in black ink.

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