



Send the completed & signed form to:

Attention: Firm File Access
 Workplace Safety & Insurance Board
 200 Front Street West, 10th Floor
 Toronto, Ontario M5V 3J1

**Employer's Direction
 of Authorization**

For this form to be valid, it must be **completed in full** (Parts A through E) and **signed** by an Authorized Officer of the company. An authorization is needed for each account number. **Before completing, be sure to read the information on page 2.**

When submitting by FAX, please **transmit** using **only an original form.**

Part A - Employer Information			
Legal Name of Company	Account No.		Firm No. (optional)
Address			
City/Town	Postal Code	Telephone No. ()	FAX No. (if available) ()

Part B - Representative Information			
* Name of Company or Person to be Authorized			
Address			
City/Town	Postal Code	Telephone No. ()	FAX No. (if available) ()

* This indicates who will have authorization as set out on this form. If you identify an individual, only that person will have authorization.

PART C - Identify the Type of Authorization That You Want the Representative to Have
The representative named above is authorized to represent the employer and access all of the WSIB information that the employer would normally have access to, otherwise list any restrictions to the authorization here:
If you are authorizing a representative for more than one WSIB employer account, you may: (i) complete a separate form for each account OR (ii) list the additional account numbers and names in the space provided OR ► (iii) reference a separate list in the space provided.
The legal name for each account must be provided. Additional pages attached to this document must also be signed by the Authorized Officer.

Part D - Validity Period		
In this box, indicate the expiry date of this authorization to a maximum of 2 years from the <i>Effective Date of Authorization</i> :		
<table border="1"> <tr> <td>Authorization Expiry Date</td> <td> </td> </tr> </table>	Authorization Expiry Date	
Authorization Expiry Date		
If no expiry date is provided, then the default validity period will be 6 months from the <i>Effective Date of Authorization</i> , indicated at the bottom of this page.		

PART E - Approval by Authorized Officer of the Company		
The undersigned confirms that he or she is an Authorized Officer of the company, as set out in the WSIB's Policy 21-01-02 <i>Authorization of Employer Representatives Regarding Employer Information</i> and is in a position to commit the organization on a corporate level or normally has access to and control of the information to be released (see page 2).		
By signing below on behalf of the employer/company named in <i>PART A</i> , I authorize the person or company named in <i>PART B</i> , as indicated above on this <i>Employer's Direction of Authorization</i> .		
Name (print)	Signature	
Title (print)	Effective Date of Authorization	

Cancelling or changing an authorization

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

The authorization expires automatically after the period of time that you have indicated in *Part D – Validity Period*, on the front (to a maximum of 2 years) or after 6 months from the date on the authorization if no expiry date is indicated.

To **change** an authorization, a new *Employer's Direction of Authorization* form must be completed.

To **cancel** an authorization at any time, telephone the Firm File Access area of the Workplace Safety & Insurance Board (WSIB) at 1-800-387-5674 with your request or FAX a request to (416) 344-3415, Attention: Firm File Access. 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.

Ongoing issues under appeal

For issues under appeal, authorization is extended until the WSIB makes a final decision on the appeal (at which time the authorization is automatically terminated for that representative if the authorization has expired) or until the employer rescinds the authorization of the representative, whichever comes first. The issue under appeal must be identified to the WSIB. Access to information is issued to the representative provided that the request relates to the issue under appeal.

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, *Authorization of Representatives Requesting Personal Information*, which requires that a copy of the authorization must be provided for each claim file to which access is requested.

Additional Information

If additional space is needed for information (for example, in *PART C*), please add a note on page 1 to indicate that there are additional pages and attach them to this form.

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

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

If you need more information, contact the Firm File Access area of the WSIB at 1-800-387-5674 or by FAX at 416-344-3415.

To avoid delays, please complete in full printing in black ink.

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www.wsib.on.ca