Authorization for access to business account information (Not valid for access to claim file information)

Submit online: wsib.ca/onlineservices | **Mail to: 200 Front Street West, Toronto ON M5V3J1**
Email to: employeraccounts@wsib.on.ca

Business information			
Legal name of company			
Account number	Firm number		
Address	City/town	Province	Postal code
Telephone	Email		

Representative information			
Last name and first name are required if the person named is a legal representative in all cases except when the representative is the Office of the Employer Advisor.			
Last name	First name		
Company name (if applicable)			
Address	City/town	Province	Postal code
Telephone	Email (optional)		

Type of authorization requested

NOTE: You'll need to complete an additional authorization for access to business account information form if you'd like to name more than one person or organization.

Non-legal representation

☐ I authorize the person or organization listed on page one of this form to act on behalf of my business's account (i.e, for reporting premiums, obtaining a clearance, balance/statement inquiries, general account maintenance, etc.)

Legal representation

☐ I authorize the person listed on page one of this form to act on behalf of my business's account for the purposes of

- appealing an account decision
- representation in matters such as: sale of business, bankruptcy, etc.
- access to account-related information

☐ Lawyer ☐ Paralegal	Law Society of Ontario ID number

The representative is exempt from Law Society of Ontario licensing requirements (please check the exemption that applies):

☐ Office of the Employer Advisor (OEA) ☐ Student legal aid services society
☐ In-house legal services provider ☐ Articling student ☐ Legal clinics
☐ Other regulated profession acting in the normal course of that profession (specify):

Please contact the Law Society of Ontario if you're unsure whether your representative is exempt.

WSIB Ontario | wsib.ca

Request to send business account file information to authorized representative

Please select one of the following options if you'd like to request to have your business's entire account(s) file, including all invoices, statements, correspondence, notes and other documentation since registering your account, mailed to the authorized representative or organization listed on this form.

☐ I request that a copy of the documents and other information on my business's account(s) file be mailed to the authorized representative or organization listed on this form.

To consent to share your business's account(s) information by email with the representative or organization listed on this form, visit wsib.ca/businessforms and complete the email consent form.

☐ I've submitted an email consent form and request that a copy of the documents and other information on my business's account(s) file be emailed to the authorized representative or organization listed on this form.

Accounts to authorize

If your organization has more than one account, please indicate any accounts that the representative isn't granted access to in the following box. If additional pages are required, each page must be signed by the authorized officer and attached to this form. If no accounts are listed, the representative will have access to all accounts in the organization.

Don't grant access to the following accounts (include account number and firm number):

Restriction on authorization

List any restriction to the authorization. If no restrictions are listed, the representative is authorized to represent your business, and have access to all account information that you'd have access to, for all of your accounts not specified on this form:

Expiry

Indicate the expiry date of this authorization. The authorization will continue indefinitely if you don't list an expiry.	Authorization expiry date (dd/mmm/yyyy)

Authorization

☐ I have the authority to act on behalf of the business in the submission of this form and the information I have provided is truthful, accurate, current, and complete and, if this information changes, I'll promptly update it to keep it true, accurate, current and complete. I understand that:

- it is an offence to deliberately make false statements to the WSIB
- the use of this form is governed by the WSIB's website terms of use
- there are risks associated with electronic communication and I accept those risks

Name of authorized officer of the company	Position/title
Signature of authorized officer of the company	Date (dd/mmm/yyyy)

☐ Check this box if you're completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

Cancelling or changing an authorization

- It's your responsibility to notify us of any changes to this consent. You can send us a message at wsib.ca/onlineservices or email us at employeraccounts@wsib.on.ca to make any changes or cancel.

Authorized officers

- An authorized officer is a corporate officer in your company who'd normally have access to, and control of, the information to be released. For example, a president, controller, general manager, director of finance, etc. You can read our *Authorization of Employer Representatives for Employer Accounts policy* for more information.
- Spouses, same-sex partners (in decisions made on or after March 1, 2020), or family members aren't 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.
- In exceptional circumstances, receivers appointed by the courts, trustees, and executors who've taken over management of a business undergoing bankruptcy, or for a deceased employer, can authorize the release of business account information and can also sign on behalf of the business.

Ongoing issues under appeal

- If an appeal continues beyond any expiry date set by the business, the authorization of the representative is automatically extended until the date we make a final decision on the appeal, the date the appeal is withdrawn by the business, or the date the business rescinds the authorization, whichever comes first. The authorization of the representative automatically terminates as of that date, unless it has been renewed. The issue under appeal must be identified to us.
- Access to information is issued to the representative provided that the request relates to the issue under appeal.

Code of conduct for representatives

Visit wsib.ca/repconduct to learn more about the standards of behaviour we expect from representatives of businesses and representatives of those who experienced a workplace injury or illness.

You can send us a message at wsib.ca/onlineservices if you have questions or need more information. You can also call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m.