A Handbook on the WSIB for Injured Workers

Know your rights...

...together we can win.

CUPE Local One

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Forward

CUPE Local One recognizes that injury or illness has a significant impact on workers and their families. In the event of an injury or illness, knowing your rights and knowing what to do can help avoid needless frustration and uncertainty.

It is our sincere hope that your health is never in question and that you never need to call for assistance on any of these issues. However, should you need assistance, your union is here to help you.

The local has prepared this handbook to help you in the event that you should need information regarding an injury or illness, whether work related or non-work related.

In solidarity,

Pauline Niles
WSIB Representative

Contents

Know your rights.....together we can win	1
Steps to take in case of injury	3
How to start a claim and apply for benefits	7
Benefits: Frequently Asked Questions	15
Appealing a negative decision	20
Illness and injury not related to work	23
Appendices 1–5 (Sample forms)	26
Glossary	32

Know your rights... together we can win

Bill 99 received Royal Assent and was passed into law on October 10, 1997. The Workplace Safety and Insurance Act came into effect on January 1, 1998 and introduced a variety of sweeping changes.

This booklet will provide an overview of some of the important changes at the Workplace Safety and Insurance Board. It is not intended to be a legal document.

CUPE Local One hopes that this booklet will help you understand your rights concerning workers' compensation, and that it will help you to follow the proper procedures and receive the appropriate benefits.

Name change

The name has been changed from The Workers' Compensation Board (WCB) to The Workplace Safety and Insurance Board (WSIB). The WSIB will sometimes be referred to in this booklet as "The Board."

Six-month time limit

Bill 99 establishes a six month time limit to file an application for benefits and appeal a decision. It appears the Board will be strict about the time limit. The Board will continue to have discretion to waive the time limit when appropriate.

New challenges

Every member who suffers an injury at work is eligible for WSIB coverage. But under the new WSIB system, even routine injuries can be challenged by the Employer at the Board. To increase your chances of a successful, hassle-free claim, there are a number of steps you can take. In the next section we'll look at these steps.

Steps to follow in case of injury

1. Report any incident immediately

You should report all accidents/incidents immediately and give a detailed explanation to a Certified Crew Leader, Charge Hand, Employer supervisors, and Union Representative as soon as possible.

Important tips on reporting

● Report the injury properly

Based on your report, the employer must fill out a Form 7. This form should include a detailed explanation of how the injury occurred and what you were doing at the time (see next chapter for more details on Form 7). So when you give your report, make sure you include the following important details:

- ✔ where it occurred
- ✔ when it occurred
- ✔ type and cause of injury
- ✔ full names of any witnesses

● Be consistent in your reports

Consistency in reporting is extremely important. You may have to report your injury/incident many different times, for example to first aid, the WSIB, a supervisor or manager, hospital admittance, an emergency room doctor, your family doctor or specialist, etc. The Board will receive a copy of every one of these reports, so it is important that each report contain the same information.

Some injuries do not take effect on the body until later that evening, the next day, or possibly the next week. Therefore, it is critical to report and document all accidents/incidents. When you report the incident to a Certified Crew Leader and/or Supervisor, it is in your best interest to have a co-worker or union steward present if possible.

2. Make note of any witnesses

Ask any witness to the accident/incident to write down what they saw. They should include the time and date on their statement, and they should also sign it. This is acceptable proof of an injury and is especially important if the injury is not visible or if there is a delayed reaction. In most situations, the onus is on the injured worker to prove that the injury "arose out of and in the course of employment."

3. See a doctor

Once you have made your report, see your family doctor or a doctor at the local hospital or community health clinic. The Employer has to pay the travel cost for you to see a doctor on the day of your accident. It is important to note that if a doctor or any other health care professional recommends you take time away from work, you should ask for it in writing at the time the recommendation is made.

4. Inform CUPE Local One of your injury

Your WSIB Representative at the union office would like to check your Form 7 for errors. Mistakes in your wages or other

incorrect information could cause problems with your claim. You should send a copy of your Form 7 to the union office as soon as possible.

5. Let people know about the pain you feel

It is important to tell co-workers, management, the attending physician and nurses about your pain. This helps establish and document injuries that may seem, at the time, inconsequential. Continuity of complaint may help you substantiate your claim later.

6. Keep copies of all correspondence

It is crucial that you keep a copy all of correspondence regarding the injury, including prescriptions, doctor's notes, forms and letters. If you have verbal contact with the WSIB, it is a good idea to make a short note of what both parties said, including the time and date of the call — the WSIB does this at their end.

7. Keep a diary of all verbal communication

It's also a good idea to keep a diary of all verbal communications you have regarding the injury, for example, any telephone conversations with Toronto Hydro, WSIB, or the Union.

8. Stay calm

It may be extremely difficult at times, but when talking to the Board representatives you should try to stay calm. Getting angry and threatening the WSIB Adjudicator will not benefit you in any way. It is important to remember that the Board documents all telephone calls you have with them.

Notes:

How to start a claim and apply for benefits

Since January 1, 1998, injured workers have been required to apply for benefits. This is done by filing a claim for benefits as soon as possible after the injury or disease has occurred, and no later than 6 months from the day of the accident. The Board may extend the time limit under certain limited circumstances.

There are four ways to apply for WSIB benefits:

1. **FORM 7 — Employer's Report of Injury/Disease**
   Your Employer fills it out and you sign it.

2. **FORM 1492C — Worker's Claim/Consent Form**
   Your Employer fills it out and you sign it.

3. **FORM 6 — Worker's Report of Injury/Disease**
   You fill it out yourself, sign it, and send it in.

4. **FORM 8 — Physician's First Report**
   Your doctor fills it out and sends it in.

1) Employer's Report of Injury/Disease – Form 7

(See Appendix 1 for a sample of this form)

The Employer must complete a Form 7 every time they learn about a work-related injury or occupational disease that causes a worker to:

- be absent from regular work
- earn less than regular pay for regular work (e.g. part-time hours)
- require modified work at less than regular pay
- require modified work at regular pay for more than seven calendar days following the date of accident/incident
- need health care that is more than minor first aid

The Employer must then submit the form to the WSIB within three calendar days from when they first learn of the injury/disease (although the Board does allow seven business days as well). Form 7 is important because it gives the Board information that could affect the claim, specifically, information or wages and whether on not the worker is an apprentice.

Employers are required by law to give a copy of the completed Form 7 to the worker when they file it with the Board. If the employer refuses to provide a copy, workers should immediately contact the union office, and notify the Board.

Reviewing the Form 7

You will be asked to sign the Form 7. But before you sign, you should carefully review the information provided by Toronto Hydro to make sure it is complete and correct. Pay special attention to details like your rate of pay, the description of the accident, and the description of the injury (i.e. which parts of the body were injured).

2) Worker's Claim/Consent Form — Form 1492C

(See Appendix 2 for a sample of this form)

Sometimes it may not be possible for workers to sign a Form 7 at the time of the injury. In response to concerns raised by unions and injured worker groups about this fact, the Board began distributing this new form to employers in the spring of 1998. Form 1492C is an alternative way for you to apply for benefits and to consent to the release of your functional ability information.

3) Worker's Report of Injury/Disease — Form 6

(See Appendix 3 for a sample of this form)

If a worker cannot or chooses not to sign the Form 7, they can apply for benefits by filling out a Form 6. In most cases, the Board will send the worker a Form 6 if they receive:

- a Form 7 without the worker's signature
- a report from the worker's physician, or
- a request from the worker to initiate a claim

Once you receive a Form 6, fill it out and return it to the Board as soon as possible. You must also send a copy to Toronto Hydro. Form 6 describes your version of what happened and what your injuries are. Accuracy on this form is critical. Make sure you include details on the following:

- any equipment, tools or objects that were involved, including their sizes and weights
- any materials that were being used or handled
- all witnesses to the accident
- anything else you can remember about the accident

Still confused? Help is at hand...

If you need assistance on any of the topics covered in this guide, call CUPE Local One's WSIB Representative at 416-968-2549 ext. 24.

Make sure you describe the accident fully, providing lots of details. Don't just say, "I fell and hurt myself." Say how you fell and how you were hurt. All parts of the body that were injured should be reported. For example: "I was walking when I slipped on some oil that was on the floor. My right leg went forward and I lost my balance. I fell backward. I hit my shoulder on the portable generator, and then I landed on the floor. I hurt my right shoulder on the portable generator and hurt my neck, back and right hip when I landed on the floor." Make sure you mention all places where you feel pain or believe you may have been injured.

When all of these details are reported on a Form 6, it is easier to prove your case later if something is questioned.

4) Doctor's First Report – Form 8

(See Appendix 4 for a sample of this form)

In addition to Forms 7, 6 and 1492C, you can also apply for benefits by having the doctor who initially treats you send a Form 8 to the Board. Most doctors and hospital emergency departments have copies of this form on hand, and are aware of their responsibilities.

It is important that you provide the doctor with full details on how the accident happened. Make sure that the doctor examines and makes a note of each part of the body that was hurt. The information that you give to the doctor should be consistent with the information that you provide the Employer.

Be sure to inform the doctor about the workplace you work in and your job duties. The doctor should be made aware of everything that you were doing when the injury occurred.

The Functional Abilities Form

(See Appendix 4 for a sample of this form)

Since January 1, 1998 doctors have been required to fill out a Functional Abilities Form. This form is to assist workers in an early and safe return to work. Doctors are only to provide information regarding an injured worker's functional abilities. This information describes what you can do at work and what you cannot do because of your injuries. However, this form does not ask if you are able to return to work immediately. If you cannot return to work right away, make sure your doctor writes this on the form.

Tell your doctor about all the ways your injury will affect you in your job. Once the doctor completes this form, copies are sent directly to the Toronto Hydro Health Centre and to the Board. A copy is also given to the worker.

Fax all medical information to the Toronto Hydro Health Centre at (416) 542-2672 and not your supervisor or manager. Consistency is very important. The same medical professional should complete all documents you are sending to the Board and Employer.

Important...

If your health care provider (family physician, specialist etc.) recommends that you return to graduated work hours, they should specify the number of hours per day per week and for how many weeks you are to remain on graduated work hours until you are expected to return to full hours. For example: 4 hours per day, Monday to Friday for 2 weeks or 4 hours per day Monday, Wednesday and Friday for 2 weeks.

"Can I re-open a claim?"

If a compensable injury recurs or flares up, or if it is more serious than originally thought, you can ask the Board to re-open the claim. You will need to establish continuity of complaint and ongoing difficulties since the original accident.

"How do I prove continuity of injury or disease?"

In order to prove continuity of injury or disease you must give the Board:

- *a list of co-workers (names, addresses and phone numbers) with whom you have talked to about the injury*
- *a list of doctor visits regarding the injury*
- *a list of your complaints to the employer about the injury*

It is important when you return to work to report each recurrence of pain to the Certified Crew Leader and/or Supervisor as well as your doctor.

Obligation to Cooperate

The Workplace Safety & Insurance Act (WSIA) sets out a duty of cooperation for both Workers and the "Accident Employer" as follows:

WORKER:	EMPLOYER:
Contact the accident employer as soon as possible after the injury occurs and maintain communication throughout the period of recovery or impairment	Contact the worker as soon as possible after the injury occurs and maintain communication throughout the period of the worker's recovery or impairment.
Assist the employer as required or requested to identify suitable work that is available, consistent, and within the employee's functional abilities.	Attempt to provide suitable employment that is available and consistent with the employee's functional abilities.

Early and Safe Return to Work

When a workplace injury or disease occurs, the workplace parties (worker, Union and Employer) are required under the Act to cooperate and work together in achieving the worker's early and safe return to appropriate employment with the accident employer. In November 2000, CUPE Local One and Toronto Hydro jointly developed The Early and Safe Return to Work Program. This program sets out the role and responsibility of everyone involved in this return to work process.

"Appropriate employment" means employment that...

- ✔ *is suitable*
- ✔ *is available*
- ✔ *is within the worker's functional abilities*
- ✔ *restores the worker's pre-injury earnings*

Offer of Modified Work

"What happens if I refuse modified work?"

If you think the modified work being offered is not within your physical capabilities, discuss the offer of modified work with your doctor. You should also contact your Union Representative immediately to get assistance even if your doctor advises you to stay home. Toronto Hydro pays your full wage while you are injured as per the Collective Agreements Article 24.17, but your claim may not be approved because you refused the modified work.

If you think the work offered to you is not suitable, you can ask the Board to mediate. If the Board rules against you and you still insist that the modified work is beyond your restrictions, you are considered to be

"uncooperative" and the Board will stop your benefits. However if the Board rules in your favour, your benefits will continue and the Employer will have to find other suitable/available modified work within your functional abilities.

Notes:

Benefits: Frequently Asked Questions

"What do I receive?"

You are paid 100% loss of earnings (LOE) from the day the loss of earnings begins as per Article 24.17 of the Collective Agreements. In addition to LOE, you will continue to receive:

- *shift differential, if you are a shift worker*
- *regular overtime (although "overtime must have been worked in each of the 4 weeks before the accident")*
- *travel expenses for treatment, examinations, hearings etc. (paid by the Board with pre-authorization)*
- *travel allowance for any out of town appointments*
- *living allowance*
- *wages from any other, places of employment, if any*

Important...

If you were working in a "relief" assignment when you were injured, your loss of earnings will be based on the relief rate at the time you were injured

Your benefit income can be affected by the information contained on the Form 7. It is important that you review the Form 7 to ensure that key information relating to your income is correctly stated. Pay close attention to details like shift premiums, overtime, relief pay, and whether or not you are an apprentice. Write a letter to the Board immediately if you notice any errors

or omissions on the Form 7.

"How often are benefits reviewed?"

Benefits can be reviewed up to once a year for six years and at any time during that period if there is a change in your material circumstances, such as a change in income, return to work status or medical condition.

Important...

You must report any change in your medical condition, income or availability for work or rehabilitation within 10 working days of the change. Failure to report can lead to fraud charges.

"What happens if there is a permanent impairment from my injury?"

If the injury is permanent, an independent doctor of your choice will assess you for a non-economic loss award (NEL). A NEL is a one-time, lump sum payment for pain and suffering which is non-taxable.

"What happens if I cannot go back to my pre-injury job?"

The Collective Agreements Article 27.00 Accommodation states: "Employees who have suffered a permanent work-related injury/illness accepted and paid for by the WSIB will be accommodated as per Article 27.02." Also your pre-injury wage will be protected as per Article 27.02(5).

"What about retirement?"

The Board sets aside 5% of your long-term loss of earnings benefits. This amount is meant to compensate for the loss of retirement income. It is calculated from

the date the worker starts receiving long-term benefits until age 65. This amount is paid in a lump sum upon retirement.

"What if a worker dies as a result of a job?"

If a worker dies from a workplace injury or disease, benefits are paid to the worker's surviving spouse and dependants. Benefits may be a combination of a lump sum payment, monthly payment and burial expenses. A surviving spouse may be entitled to social rehabilitation as well as a labour market re-entry assessment from the WSIB.

A surviving spouse (or dependant children under the age of 21 where there is no spouse) will continue receive for the next 10 years from Toronto Hydro the normal straight-time earnings and health care benefits of the deceased worker that were in effect at the time of the worker's death (as per terms and conditions in the Collective Agreement, Articles 24.07(e) and 24.24).

Still confused? Help is at hand...

If you need assistance on any of the topics covered in this guide, call CUPE Local One's WSIB Representative at 416–968–2549 ext. 24.

Medical and Other Services

Medical costs that are covered

The WSIB covers the cost of any medical aids you may need because of a workplace injury, such as braces or a wheelchair. In some cases it will also cover the cost of travelling to and from medical treatments. Keep all receipts and submit them to the

Important...

The WSIB does not cover co-insurance on medical benefits payment. For example, if you obtain your medication through Manual Life, the $1 prescription cost will not be paid by the WSIB. However, the WSIB will pay the full cost of the medication. Call the nurse case manager at the WSIB for approval.

Board. If you suffered a compensable injury/disease and do not have any lost time from work, you are still eligible for medical benefits.

"May I choose my own doctor?"

Yes, you may go to the doctor of your choice. A referral to a medical specialist, if needed, will normally be arranged by your own doctor or with the WSIB staff doctors. When you visit a doctor, make sure you say the problem is work-related. This will ensure that the doctor sends any reports to the Board.

If you go to specialist, make sure that he or she sends a copy of the report to your family or regular doctor.

"Can I change doctors?"

If you want to change doctors, you must inform the Board and have a reason for the change. If you do not, your benefits might be suspended or stopped.

Special medical services that are paid for

If needed, special services are provided to help you recover and return to work. These services may include medical and surgical treatment, physiotherapy or other therapies, treatment by a chiropractor, etc.

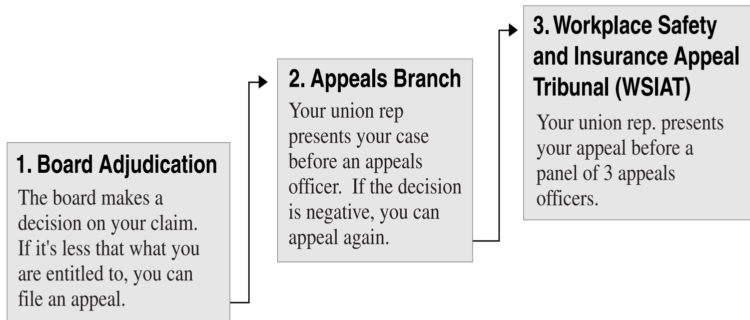
Devices such as wheelchairs, motorized scooters, crutches, canes and back supports will be supplied and repaired or replaced.

The Board may also pay for damage to clothing or footwear sustained in your accident/injury.

Notes:

Appealing a negative decision

The workers' compensation system has an internal appeals process that allows injured workers to appeal negative decisions. There are three levels of decision-making in the compensation system:



Who has the right to appeal a WSIB decision?

- *You, as an injured worker, can appeal any WSIB decision regarding your entitlement to benefits.*
- *The spouse or dependant of a deceased worker can appeal a decision about benefits that were denied.*
- *An employer who disagrees with the Board's decision concerning a worker's claim can also appeal.*

How to file an appeal

Filing an appeal is as simple as writing a letter to the Board. Your letter of appeal should include the following information:

- your name and address
- date of Board letter/decision being appealed
- name and title of person who made decision
- brief reason for appeal
- claim number

> ***Important...***
>
> *Contact your Union Representative before you appeal any decision from the Board.*

Time limits for appealing

Bill 99 introduced time limits for appeals. The time limit to appeal decisions depends on:

- when the written decision was made
- what the decision is about
- who made the decision

Injured workers have either 30 days or 6 months to appeal a decision made at the Board adjudication level. If you decide to appeal a return-to-work decision, you must do so within 30 days, and any other decision within 6 months. The time limit for appealing decisions of the Workplace Safety and Insurance Appeal Tribunal (WSIAT) is 6 months and the Tribunal's decision is final subject only to reconsideration for judicial review.

> ***If all else fails...***
>
> *If you lose your appeal or choose not to proceed with an appeal, you still may be eligible for retroactive Employment Insurance (EI). If you are interested in this option, Contact your local Human Resources Development Canada office.*

Be aware of "overpayments" — you may have to pay them back

It takes the WSIB a number of weeks — sometimes even months — to make a judgement and provide benefits for a claim.

For example...

You are off work for four weeks and it takes the WSIB nine weeks to make a decision on your claim. The WSIB finally decides to give you benefits for only three weeks. Toronto Hydro has paid you four week's wages, and the company will consider that to be an overpayment of one week.

To make sure that you are covered during this time, Toronto Hydro is bound by the Collective Agreements (*Article 24.17*) to continue paying your full straight-time wages. But if the WSIB ends up denying any portion of your claim, it can result in an overpayment by Toronto Hydro. The company will attempt to get the over-paid portion back from you.

The company can recover the overpayment from you in two ways. First, they will try to get it from your sick pay credits. If you don't have enough sick pay credits, then they will garnish the overpayment from your wages over the span of one year. With your approval a re-payment schedule can be arranged with the pay office. Any re-payment schedule should be **at the hourly rate of pay you were receiving at the time you were off work.**

Sometimes overpayments may be pardoned

There may be some situations where overpayments do not have to be paid back. For a benefit-related debt "created" on or after May 1, 1998, the Board will not attempt to recover it if:

- the debt is a result of a previous entitlement decision overturned due to a reconsideration or appeal
- the debt is a result of an administrative error and the recipient could not have reasonable been aware of the error
- the recipient is not notified of the debt within three years of the date the debt is considered due and owing to WSIB
- the WSIB determines that recovery action will result in severe, long-term financial hardship

If you fall into one of these categories, please call your CUPE Local One WSIB Representative.

Illness and injury not related to work

All members are entitled to sick days off work as per terms of the Collective Agreements.

What happens if I have no more sick time?

You may be entitled to Long Term Disability (LTD). To qualify for LTD you must be off work for six months consecutively.

When should I apply for LTD?

You should apply for LTD two months before you become eligible for it, that is, when you have been away from work for four months.

What can I do if my sick time runs out before I can apply for LTD?

Call your Supervisor and request your record of employment. Then, visit your local Human Resources Development Canada office and apply for Employment Insurance sick benefits.

Note:

There is a 2 week waiting period

When do I have to supply a doctor's note to the Toronto Hydro Health Centre?

When you are sick, article 24.12 Sick Pay Credits, says: "when continuous absence due to illness is more than three (3) full working days; again, when absence is in excess of eighteen (18) days; again, when absence is in excess of seventy-two (72) days."

What medical information do I have to supply to the Toronto Hydro Health Centre?

You should only provide medical information as it directly relates to your functional capacity to perform your job.

Do I have to let the company medical professional(s) call my treating doctor(s)?

No. The privacy of your medical information is in your control. Also, if you already have a treating medical professional you do not have to be treated or examined by the company medical staff. Call the union office if you are unsure or if you are being pressured by the company to do so.

What should I do if I cannot return to my pre-injury job?

Call your Supervisor/Manager and make a request for temporary or permanent accommodation as per the Collective Agreement Article 27.00 Accommodation.

Important...

You must supply medical documentation substantiating the need for accommodation.

There is wage protection for temporary accommodation. However, there is no wage protection for permanent accommodation.

Notes:

Still confused? Help is at hand...

If you need assistance on any of the topics covered in this guide, call CUPE Local One's WSIB Representative at 416–968–2549 ext. 24.

Appendix 1

Employer's Report of Injury/Disease – Form 7

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

Mail to: 200 Front Street West, Toronto ON M5V 3J1 FAX: (416) 344-4684 1-888-313-7373

Employer's Report of Injury/Disease Form 7 (Page 1)

Ce formulaire est disponible en français sur demande.

- **Please read the instructions on pages 4 & 5**

Reset Print

WSIB use only
Claim Number

A. Worker Identification - Please complete in full

START HERE > Last Name | First Name
Address
City /Town
Province | Postal Code

Worker Reference Number | Miner's Certificate Number
Social Insurance Number | Years Experience in Occupation
Occupation at Time of Injury/Awareness of Disease
Date of Birth dd mmm yyyy | Sex | Date of Hire dd mmm yyyy
Worker's Preferred Language of Service ☐ English ☐ French
Other language if worker speaks neither English/French

Fold | Fold

Is the injured person a (sub) contractor, independent operator, owner, executive of the business or spouse or relative of the employer? ☐ yes ☐ no

Area Code ( ) Telephone Number

B. Employer Identification

Employer Name | Firm Number | Rate Number
Address | City /Town | Province | Postal Code
Area Code ( ) Telephone Number | Area Code ( ) FAX Number | Description of Business Activity
Worksite Location, Branch, Plant, Department Where Worker Employed | Classification Unit Code See Instructions

Do you have an early return to work, Co-operative Return to Work program or an accommodation program in your workplace? ☐ yes ☐ no

Is the injured worker represented by a trade union? ☐ yes ☐ no

C. Temporary Disability

Following the day that the injury/awareness of disease occurred, will the injured worker be absent from work because of the injury/disease? ☐ unknown ☐ yes ☐ no

If you answered "no" to the above, will the injured worker as a result of the injury/disease:

- assume other work duties because the injury/disease prevents them from performing their regular duties? ☐ yes ☐ no
- earn less than their regular wages because of the injury/disease? ☐ yes ☐ no

Note: If your answer is "no" to all of these questions do not complete Section F, "Earnings Information".

D. Details of Injury/Disease

Date and Hour of Injury/Awareness of Disease dd mmm yyyy a.m. p.m. | Date and Hour Reported to Employer dd mmm yyyy a.m. p.m. | Date and Hour Last Worked dd mmm yyyy a.m. p.m. | Normal Working Hours on Last Day Worked from to

Date and Hour Returned to Work dd mmm yyyy a.m. p.m. | Actual Earnings for Last Day Worked | Normal Earnings for Last Day Worked | Do you have any information that the worker could have returned to work earlier? If so, provide details.

1. What happened to cause the injury/disease? If known, describe injury, part of body involved and specify left or right side.
2. Who was the injury/disease reported to? If injury/disease was not reported immediately, provide reason for delay.
3. Describe the worker's activities at the time of the injury/disease. Include details of equipment or materials used and the size and weights of objects being handled.
4. Where was the worker when the injury/awareness of disease occurred? If the injury/disease occurred outside of Ontario, specify province, state or country.
5. Is there anyone else who may have witnessed or who may know about the injury/onset of disease? If so, provide details below.
   Name(s) | Address(es) and phone number(s) if available

0007A (10/01)

Please read and complete page 2

*Note: page 1 of 5 shown here.

Employer's Report of Injury/Disease — Form 7

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

Employer's Report of Injury/Disease
Form 7 (Page 2)

WSIB use only

Vorker's Name | Social Insurance Number | Claim Number

E. Health Care

Did the worker receive health care? yes / no / don't know

Initial or emergency health care: if known, provide the name and address of practitioner/facility.

Current or continuing health care: if known, provide the name, address and telephone number of practitioner/facility, if different than above.

F. Earnings Information - Do not complete this section if you answered "No" to all questions in Section C on page 1.

Rate of Pay (before tax) hourly / daily | Total Weekly Pay Hours | If weekly pay hours are irregular, please state average weekly hours. | Does the worker's work schedule change from week to week? yes / no

From CCRA (Revenue Canada) TD1/TD1ON provide: | Net Claim for Exemption Federal $ Provincial $ | Net Claim Code Federal Provincial | Enter Worker's Usual Work Days (F = full day, H = half day) | S | M | T | W | T | F | S

Are Benefit Plan (Health Care, Life Insurance, Pension) contributions continuing? yes / no / not applicable

If "no", is the benefit plan a multi-employer benefit plan? yes / no

The worker also receives the following earnings in addition to the Rate of Pay as reported above. (Check all that apply.)	Will this benefit continue while the worker is absent from work due to this injury/disease?	If "no", please state value if known
Vacation Pay	yes / no	$ daily / weekly
Production Bonuses	yes / no	$ daily / weekly
Profit Sharing	yes / no	$ daily / weekly
Room and board and/or benefit from the worker's personal use of an employer's vehicle.	yes / no	$ daily / weekly
Cost of living allowance, shift differential, lead hand premium	yes / no	$ daily / weekly
Tips and Gratuities	yes / no	$ daily / weekly
Unemployment insurance benefits paid in a job creation or work-sharing program	yes / no	$ daily / weekly

Identify Type of Employment (Check all that apply)

Full Time / Part Time / Casual / Seasonal / Apprentice / Student / Learner / Other

If the worker worked after the first absence, please enter dates. From dd mmm yyyy a.m. p.m. To dd mmm yyyy a.m. p.m.

G. Advances If you have advanced or will be advancing anything to cover period of disability, give particulars including dates covered. | If advances are to be mailed to another address, please provide.

H. Claim Information

To your knowledge has the worker had a previous similar injury/disease? yes / no

If yes, provide details. If the previous similar injury/disease was work-related, include prior WCB claim number if known.

Was any individual who does not work for you totally or partially responsible for the injury/disease? yes / no If yes, please explain.

If machinery, equipment or a motor vehicle was totally or partially responsible for the injury/disease, refer to the instructions on the reverse of the Employer's Copy and provide particulars.

Do you have any reason to doubt that the injury/disease is work-related? yes / no If yes, please explain.

Letter of explanation attached? yes / no

Who is responsible for arranging the worker's return to work? (Name and telephone number)

I. It is an offence to deliberately make false statements to the WSIB. I declare that all of the information provided on pages 1 and 2 of this report is true.

Name of Person Completing this Report | Official Title

Signature | Area Code ( ) | Telephone Number | Date

J. WORKER'S SIGNATURE: By signing below, I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the Board's "Functional Abilities for Timely Return to Work" form.

Signature | Date

Please Print & Sign before returning to WSIB

0007A (10/01) **The Workplace Safety and Insurance Act requires you to give a copy of this form to your worker.**

*Note: page 2 of 5 shown here.

Appendix 2

Worker's Claim/Consent Form — Form 1492C

Worker's Claim/Consent Form
Demande de prestations et consentement du travailleur

DO NOT RETURN THIS TO THE WSIB.
NE PAS RETOURNER LE PRÉSENT FORMULAIRE À LA CSPAAT.

Worker's Signature By signing below, I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the Board's "Functional Abilities for Timely Return to Work" form.	**Signature du travailleur** En signant ci-dessous, je réclame des prestations en vertu de la *Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail*, pour une lésion ou une maladie reliée au travail. De plus, j'autorise tout professionnel de la santé qui me traite à remettre à mon employeur, à la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail et à moi une copie du formulaire intitulé *Détermination des capacités fonctionnelles pour un retour au travail rapide*, sur lequel il aura fourni les renseignements sur mes capacités fonctionnelles.
Name (in full)	Prénom et nom de famille (en caractères d'imprimerie)
Signature / Date Signed (dd/mmm/yyyy) Please print form and then sign and date	Signature / Date de la signature (dd/mm/yyyy) Veuillez imprimer le formulaire et le signer
Accident Date (dd/mmm/yyyy) / Description of Injury/Disease	Date de l'accident (dd/mm/yyyy) / Description de la lésion
Employee ID / SIN / Employer FAX Number ( )	Identification de l'employé / NAS / N° de télécopieur de l'employeur ( )

Employer Instructions: Use this form when you cannot get your employee's signature on the Form 7. Keep a copy on file. Send another copy to the worker's health professional as permission from the worker to release functional abilities information, if required, to help with a safe return to work plan. Also give a copy to your employee.

Message à l'employeur : Veuillez utiliser ce formulaire lorsque vous êtes incapable d'obtenir la signature de votre employé sur le Formulaire 7. Conservez votre copie dans vos dossiers et envoyez la copie blanche au professionnel de la santé. Par l'entremise du présent formulaire, le travailleur autorise le professionnel de la santé à divulguer les renseignements portant sur ses capacités fonctionnelles, si besoin est, afin d'aider les parties à élaborer un programme de retour au travail sécuritaire.

1492C (10/98)

Clear fields / Effacez les champs   Print / Imprimez

Appendix 3

Worker's Report of Injury/Disease — Form 6

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

Clear Form Fields

Worker's Report
of Injury/Disease
Form 6

Attention: Before you start please read this
Move Cursor Here

Start Here for Address >

Start Here >

Claim No.	Desk No.	Alloc. No.
Injury		
Date	Date of Injury	
Employer's Name and Address		
To Enquire, Contact For toll free number, check local directory.		

Ce formulaire est disponible en français sur demande.

Please print Name and Address above.

Your Preferred Language of Service
English French
Other language if you speak neither English/French

A. Personal Information

Social Insurance Number	Sex	Date of Birth (day / month / year)
– –		

B. Employment Information

Job at time of injury	Date of Hire (day / month / year)	Date started on job (day / month / year)

C. Accident Details

Date of Injury (day / month / year)	Date Reported (day / month / year)	Reported to: Name:	Position:

Lost time from work: No / Yes	From: day / month / year	To: day / month / year	Still off work: Yes	Daily/Hourly Rate	Working Days s m t w th f s	Hours per week

What part/s of your body was/were injured?

IF YOU CAN IDENTIFY A SPECIFIC INCIDENT THAT CAUSED YOUR INJURY, ANSWER THE FOLLOWING QUESTIONS. IF YOUR CONDITION CAME ON GRADUALLY OVER TIME, PLEASE ANSWER QUESTIONS ON THE FOLLOWING PAGE.

Describe what happened to cause your injury (ie. lifted box, slipped on wet floor). Please indicate the size and weight of any objects involved.

Name any witnesses or co-workers aware of your injury:

If you delayed in reporting your accident, explain why:

0006A (10/01)

*Note: only page 1 of 2 shown here.

Appendix 4

Doctor's First Report – Form 8

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

FAX:
(416) 344-4684
1-888-313-7373

Date Stamp:

Physician's First Report (Form 8)

Claim Number (If known)

Clear Form Fields

START HERE >

Patient Information

Last Name	First Name	Initials	Social Insurance No.
Address	City		Date of Birth dd mmm yyyy
Province	Postal Code	Telephone No. ( )	Sex M F

Employer Information

Employer Name				
Address	City	Province	Postal Code	
Telephone No ( )	FAX No. ( )	Date of Accident dd mmm yyyy		

1	Date of Your First Treatment dd mmm yyyy	
2	Who rendered first treatment?	Date dd mmm yyyy
3	Patient's history of injury/disease	
4	Prior history of similar medical condition	
5	Symptoms and specify physical findings	
6	Diagnosis	
7	Will the worker be absent from work because of the workplace injury/disease on the day after it occurred?	yes no
8	Investigations ordered/Results	
9	Describe current or proposed treatment/program including physiotherapy/chiropractic/medications, etc.	Referral to a community clinic? yes no
10	Referral to specialist: Name of specialist(s) (please print)	Date(s) of Appointment (dd/mmm/yyyy)
11	Complete recovery expected? yes no	If yes, approximate time?
12	List any medical restrictions that should be observed when the patient returns to work activities now.	
13	Are there medical restrictions which prevent this patient from operating a motor vehicle? yes no	14 Can the patient use public transport? yes no

Physician's Name (please print)				Health No.		Version Code
Address		City/Town		WSIB Provider Billing No.		
Province	Postal Code	Area Code ( )	Telephone No.	Your Own Invoice No.	Service Date dd mmm yyyy	Fee Code M 6 4 0
Physician's Signature		Date				

Please print form & sign before returning to the WSIB

0008C (03/99)

Appendix 5

Functional Abilities Form – Form 2647A2

WSIB Ontario Insurance Board — CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Reset | Print

Functional Abilities Form for Timely Return to Work

The following information should be completed by the employer or the injured worker. Please read the information on the following page.

Health No. | Claim No. | Initial form | Follow-up form

Date of Accident (day, month, year) | Employer Telephone No. (Area Code, Telephone)

Employer's Name

Full Address (No., Street, Apt.)

City/Town | Province | Postal Code

Worker's Last Name | First Name

Full Address (No., Street, Apt.)

City/Town | Province

Postal Code | Area Code | Telephone No.

Social Insurance No. | Date of Birth (day, month, year)

Accident Information ***(This information should be completed by the employer or the injured worker.)***

Type of Job at Time of Injury (Where available, attach description of job activities) | Area of Injury

The following information should be completed by the Health Professional:

1. Date of examination on which the report is based | Area of Injury

2. Rehabilitation/Treatment Required? yes / no | Is the worker capable of returning to work immediately without restrictions? yes / no | If no, please complete the next section.

3. Please complete where capabilities are known or limitations recommended. Note: 'as tolerated' implies that restrictions are recommended but must be quantified in the workplace.

Capabilities

Walking: short distance only ; as tolerated ; other (eg. uneven ground)

Standing: less than 15 min ; less than 30 min. ; as tolerated ; other

Sitting: less than 30 min ; less than 1 hour ; as tolerated ; other

Lifting floor to waist: less than 10 Kg. ; less than 25 Kg ; as tolerated ; other

Lifting waist to shoulder: less than 10 Kg. ; less than 25 Kg. ; as tolerated ; other

Stair climbing: none ; 2-3 steps only ; short flight ; own pace ; as tolerated

Ladder climbing: none ; 2-3 steps only ; 4-6 steps only ; own pace ; as tolerated

Limited ability to use hand to: hold objects ; grip ; type ; write

Limitations

Bending or twisting of | Repetitive movement of

Chemical exposure to | Environmental exposure to

Operating motorized equipment | Restrictions related to medications: (specify)

Above-shoulder activity | Below-shoulder activity

Exposure to vibration: high frequency ; low frequency

Limit physical exertion to: mild ; moderate ; as tolerated

General Comments/Specific Limitations

4. Recommendation for Work Hours: Full-time hours | Modified hours | Graduated hours

5. Complete Recovery Expected? no | yes

Estimated Duration of Limitations

Health Professional - please complete section below for payment and send ONE copy by fax or mail to the WSIB.

Health Professional's Name (Please print) | Health Profession | Date of Next Appointment for Review of Capabilities (day, month, year)

Full Address | City/Town | Province | Postal Code

Date (dd/mmm/yyyy) | Area Code | Telephone | **Please Print & Sign before returning to WSIB**

Are you registered with the WSIB? Yes / No | If yes, please enter the WSIB Provider Billing number in box provided below:

WSIB Provider Billing No. | Your own invoice No. | Service date (d d m m y y y y) | Fee code 9 0 1

2647A (11/00) — **Copy 1 - WSIB**

*Note: only page 1 of 4 shown here.

Glossary

Accident: An event or circumstance(s) causing or leading to an injury, arising out of and in the course of employment.

Accommodation: The changing of work or work methods on order to permit a person to return to productive work.

Benefits: A payment made to a worker or dependent in relation to a work-related injury or disease.

Functional Abilities: Physical capabilities and limitations, essentially what you are capable of doing.

Incident: An undesired event which under slightly different circumstances, could have resulted in harm to people, damage to property or loss to process. Also known as a close call, near miss or near hit.

Injury/Illness: Work related injury or illness are those cause by physical, chemical, or biological hazard in your work place, this can also include psychological trauma resulting from work.

Modified Work: Any change in the tasks that make up a job; may require physical changes to a work area, changes in the equipment used or re-organization or elimination of some duties.

Occupational Disease: A disease arising out of and in the course of employment and resulting from causes or conditions which are peculiar to, or characteristic of, a particular trade, occupation, or place of employment.