



**Hamilton. Our City. Our Union.**

# **Members Guide to a WSIB Claim**



<https://www.wsib.ca/en>

Please note this is a guide subject to provider changes.

## **USEFUL RESOURCES**

### **CUPE Local 5167 office**

818 King Street East, Hamilton, ON L8M 1B2

Phone: 905-522-0917

Fax: 905-522-4011

Email: [office@cupe5167.org](mailto:office@cupe5167.org)

[www.cupe5167.org](http://www.cupe5167.org)

### **Workplace Safety and Insurance Board (WSIB)**

[www.wsib.ca](http://www.wsib.ca)

416-344-1000 or 1-800-387-0750 (toll-free)

### **WSIB Operational Policy Manual**

[www.wsib.ca/en/policy/operational-policy-manual](http://www.wsib.ca/en/policy/operational-policy-manual)

### **Appeals Information and WSIB's Appeals Services Division Practices & Procedures**

[www.wsib.ca/en/appeals](http://www.wsib.ca/en/appeals)

### **Workplace Safety and Insurance Appeals Tribunal (WSIAT)**

[www.wsiat.on.ca](http://www.wsiat.on.ca)

416-314-8800 or 1-888-618-8846 (toll-free)

### **WSIAT Decision Database**

[www.wsiat.on.ca/en/decisionSearch/decisionSearch.asp](http://www.wsiat.on.ca/en/decisionSearch/decisionSearch.asp)

### **Canlii's WSIAT Decision Database**

[www.canlii.org/en/on/onwsiat/](http://www.canlii.org/en/on/onwsiat/)

### **Fair Practices Commission**

[www.fairpractices.on.ca](http://www.fairpractices.on.ca)

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## INTRODUCTION

**This guide is meant to provide an overview. Each WSIB claim is a complex process so please ensure that you communicate with your employer, WSIB Caseworker and union.**

Unfortunately, workers can experience a work-related injury, illness or disease. It is important to file a WSIB claim as you are not able to sue your employer for work related injuries, illness or disease. This is the process available to you for compensation.

## WHAT IS WSIB?

The Workplace Safety & Insurance Board (WSIB) is an independent provincial organization that provides insurance for workers injured on the job. Each workplace has insurance to assist workers if they get hurt while on the job. Employees may be eligible for benefits and support via WSIB.

Injuries can be immediate or gradual. They can be physical, mental health or you may experience exposure arising out of the course of employment.

There are two types of benefits that WSIB may cover when a claim is approved. WSIB pays 85% of a worker's average net earnings (LOE - Loss of Earnings) and treatment expenses (HCB - Health Care Benefits).

The employee and employer both have responsibilities in the recovery and return to work of injured workers.

**If you had an accident/exposure/illness – REPORT IT TO YOUR EMPLOYER IMMEDIATELY.**

YOU MUST COMPLETE A FORM 6 (seek medical treatment if required)

EMPLOYER COMPLETES FORM 7 (you are allowed to have a copy of this)

HEALTHCARE PROVIDER COMPLETES FORM 8 (copy of page 2 given to worker for employer)

**A form 6, 7 or 8 being filed triggers the start of the WSIB claim process.**

## REPORTING EXPOSURE

If you are exposed (example: needle stick, chemical spills) but you do not lose time from work; become ill or require health care you should report the exposure to WSIB using the Worker's Exposure Incident Reporting Form – PEIR which can be found on the WSIB website.

## IMPORTANCE OF MEDICAL EVIDENCE

Medical evidence is key to a successful WSIB claim. You will need medical evidence to support your claim and avoid any delays in the process. You must keep in contact with your health care provider(s) to help establish continuity of medical treatment. Medical evidence will support the connection between the injury/disease and the workplace accident. **The onus is on you to provide this information and participate in the process.**

## IMPORTANCE OF DOCUMENTING YOUR CLAIM

Applying for WSIB benefits can be complicated and frustrating as you navigate your way through the WSIB process. Your Union is here to support you. The 2<sup>nd</sup> Vice President is a Full Time Officer who can provide you with information and guidance regarding your WSIB claim, and working with your employer and WSIB.

**It is your responsibility to stay on top of your claim and deadlines.**

**IMPORTANT!! Keep notes of everything** you experience regarding your injury/illness. (Dates/times, what happened, witnesses, medical appointments and treatments examples: physiotherapy, x-rays, MRI and other diagnostic testing, mileage, expenses, phone calls, conversations and/or direction from employer and/or WSIB Caseworker, etc.). In addition, keep copies of all documents. The best way to avoid problems with WSIB is to report every incident, no matter how minor.

It is recommended you keep a binder in chronological order (earliest date to the current date of reports/notes/activities). This will provide support and credibility for your case. Most people are unable to remember all the specifics of events for long periods of time. Some injuries are severe enough that they are dealt with throughout your entire lifetime.

**PLEASE SEE "MY WSIB CLAIM CHECKLIST"**, they are found on the last pages of this booklet.

## WSIB PROCESS OVERVIEW

A form 6 (you), form 7 (employer) or form 8 (health care professional) being filed triggers the start of the WSIB claim process.

**This guide is meant to provide an overview. Each WSIB claim is a complex process so please ensure that you communicate with your employer, WSIB Caseworker and union.**

**REPORT**  
**Injured, Illness**  
**Or Disease on**  
**the**  
**Job**

**REPORT** all injuries/work-related illness/disablement/exposures immediately to your Supervisor/Manager. **SEEK** medical treatment as needed. Your employer only needs to report your accident to the WSIB **if you lose time from work due to the injury** or if the injury **necessitates medical attention or some form of health care**, for example, physiotherapy. The employer must complete a Form 7. The employer must provide the worker with a copy of the Form 7.

**FORM 6**  
**File a**  
**Claim**

**You must also report the accident to the WSIB through a Form 6.** This form is your opportunity to describe the workplace accident and/or injury you sustained. This form is available online at [www.wsib.on.ca](http://www.wsib.on.ca). You are required to provide a copy of the Form 6 to your employer. In addition, when you seek medical attention your **health care professional will need to complete a Form 8.**

**CONTACT**  
**5167**

**Contacting your Union is a best practice.** Provide copies of ALL documents and complete the **Direction of Authorization Form.**

**DECISION**  
**from**  
**WSIB**

A WSIB Caseworker reviews all the documentation and renders a decision on the claim. If the claim is **APPROVED**, you will need to continue to work with your WSIB Caseworker. If the claim is **DENIED**, you can move to a request for reconsideration by submitting ITO - Intent to Object Form.

**INTENT TO OBJECT**

Internal Appeal to WSIB Caseworker

You must request a reconsideration of a denial within the deadline noted on the decision letter. **CONTACT YOUR CUPE Local 5167 UNION REPRESENTATIVE FOR SUPPORT.** You must submit the **ITO – Intent to Object Form to WSIB.** Ensure you provide your claim number, the reason you disagree with the decision and any additional information (if you have additional information, it is not required) to support your appeal. You are able to attach documents to the objection. The WSIB Caseworker will review and issue a decision letter.

**WSIB APPEAL Services Division**

Formal Appeal to ARO

CUPE NATIONAL WILL SUPPORT YOU, PROVIDED YOU LOOPED IN YOUR CUPE Local 5167 UNION REPRESENTATIVE WHEN YOU FILED YOUR ITO. IF YOU DIDN'T ALREADY CONTACT THE UNION NOW. You must appeal a denied decision to the **WSIB ASD -APPEALS SERVICES DIVISION.** To appeal the decision, you must complete an AFR – Appeal Readiness Form. Provide your claim number, the reason you disagree with the decision and any additional information (if you have additional information, it is not required) to support your appeal. You can attach documents to the appeal. You also must decide what type of hearing format you want, Hearing in Writing or Oral Hearing. An ARO – Appeals Representative will issue a decision after the hearing.

**WSIAT APPEAL**

Final level of Appeal

CUPE NATIONAL WILL SUPPORT YOU, PROVIDED YOU LOOPED IN YOUR CUPE Local 5167 UNION REPRESENTATIVE WHEN YOU FILED YOUR ITO. IF YOU DIDN'T ALREADY CONTACT THE UNION NOW. If your claim is denied by ASD you must appeal a denied decision to the **WSIB APPEALS SERVICES DIVISION within 6 months.** To appeal the decision, you must complete an AFR – Appeal Readiness Form. Provide your claim number, the reason you disagree with the decision and any additional information (if you have additional information, it is not required) to support your appeal. You can attach documents to the appeal. You also must decide what type of hearing format you want, Hearing in Writing or Oral Hearing. A final decision is issued.

## FORM 6 – EMPLOYEE FORM

### Your opportunity to document what happened and provide information.

You must report your work-related injury within six months of the date of injury. If your injury is gradual, you must report within six months of the date you became aware that it was caused by your work duties. Occupational disease claims must be filed within six months of the diagnosis.

It is best to complete the Form 6 **as soon as possible** after your injury and provide as much detail as you can concerning the injury. By signing and submitting the Form 6 you are providing consent to your treating practitioner to provide you, your employer, and WSIB information concerning your functional abilities. This information will be the evidence to support your claim.

### TIPS FOR COMPLETING A FORM 6:

- WSIB Caseworkers are not familiar with your work environment. Take the time to explain what your job entails; **do not assume** they will know the job duties or specifics of your work environment.
- Make sure you identify all areas of the body that you think are injured or affected by your workplace injury, even if it seems minor.
- **Be as detailed as possible:** What were you doing? How was your body positioned? Was there any awkward movement? When did you feel the onset of pain? Where did you feel the pain? What was the frequency and duration of the pain? Was there anything different about your duties that day? (i.e., staff shortages, equipment failure, etc.).
- If you're reporting a gradual onset injury like a repetitive strain injury (RSI) or a mental health stress claim, when did you first experience symptoms? What work duties aggravate it? How frequently do you experience symptoms?
- If you self-treated your injury or needed assistance from your coworkers, include that information.
- If there were witnesses, provide their contact information.

- You are obligated to consent to the release of functional abilities information as per Section G on the Form 6. (FAF Functional Abilities Form - This form is provided to the employer and used to assess whether you can return to your job and/or whether accommodations would enable you to return)
- Provide a copy of your completed Form 6 to your employer and inform your local union!

**For more information please visit:** [Submitting an injury or illness report | WSIB](#)

**FORM 7 – EMPLOYER FORM – must be submitted by the employer within 7 days  
You are to receive a copy, please forward to the 2<sup>nd</sup> Vice President.**

Check their form to ensure dates are recorded correctly and there are no errors. You cannot modify this form; however, you need to report discrepancies to the employer and WSIB immediately.

Employers must report a work-related accident/ illness to WSIB if they learn that a worker requires health care and/or

- are absent from their regular work
- are earning less than their regular pay (working fewer hours)
- requires modified work at less than regular pay (or more than seven calendar days at regular pay)

**FORM 8 – HEALTH CARE PROFESSIONALS**

Initially, if you may need to attend a hospital emergency department or a walk-in clinic, the first health professional to treat you must complete the Form 8.

Do not self-treat. See your doctor/health professional so they can document your condition.

Additional medical attachments may be provided.



## APPEALING A DENIED CLAIM

If your claim has been denied you have the right to appeal the decision.

**CUPE NATIONAL can support you through this process, please connect with CUPE Local 5167 2<sup>nd</sup> Vice President to be referred.**

A written decision from the WSIB will be given explaining why entitlement has been denied.

### **Keep copies of all letters and documents.**

You must submit the ITO Intent to Object Form within the deadline provided (30 days (Work reintegration) or 6 months (all other claims) of the decision. We advise you to submit your appeal as soon as possible.

If their claim decision does not change you will need to submit an ARF - Appeal Readiness Form to start the formal appeal process to the **WSIB Appeal Services Division (WSIB ASD)**. The deadline to appeal will be noted in the letter with direction of how to appeal. Appeal hearings may be conducted in writing, orally or by teleconference. WSIB will decide the format and once the date has been set you will be notified.

WSIB ASD will issue a decision in writing, if the decision remains denied you can appeal to **Workplace Safety and Insurance Appeals Tribunal (WSIAT)** by filing a NOA – Notice of Appeal form. The deadline to appeal will be noted in the letter with direction of how to appeal. WSIAT is the final level of appeal. CUPE Local 5167 and CUPE National will return your file or shred your file based on your preference.



## WSIB ACORNYMS

**ACT (WSIAct):** Workplace Safety and Insurance Act

**ADJUDICATE:** Decide

**A/E or AE:** Accident Employer

**ARO:** Appeals Resolution Officer

**COMP:** Compensation

**CPP:** Canada Pension Plan

**DOA:** Date of Accident

**EMP:** Employer

**ENT:** Entitlement

**ESRTW:** Early and Safe Return to Work

**FAE:** Functional Assessment Evaluation

**FAF:** Functional Abilities Form

**FU:** Follow-Up

**HCB:** Health Care Benefits

**IE:** Injured Employee

**INJ:** Injury

**IW:** Injured Worker

**LDW:** Last Day Worked

**LO:** Lay Off, Laid Off

**LOE:** Loss of Earnings

**MC:** Medical Consultant

**MMR:** Maximum Medical Recovery

**MVA:** Motor Vehicle Accident

**MW or Mod. Work:** Modified Work

**NEL:** Non-Economic Loss

**NFA:** No Further Action

**NLT:** No Lost Time

**NON COMP:** Non-Compensable

**ODD:** Occupational Disease Department

**OHCOW:** Occupational Health Clinics for Ontario Workers

**OP:** Overpayment

**O/S:** Outstanding

**PD:** Permanent Disability

**PI:** Permanent Impairment

**PPD:** Permanent Partial Disability

**REO:** Re-Open (claim)

**REP:** Representative

**RTW:** Return to Work

**RTWS:** Return to Work Specialist or Services

**RX:** Prescription

**WSIAT:** Workplace Safety and Appeals Tribunal

**WSIB:** Workplace Safety and Insurance Board

## MY WSIB CLAIM CHECKLIST:

✓	CLAIM #:	
	DATE OF INJURY:	
	NATURE OF INJURY:	
	MEDICAL ATTENTION:	YES OR NO
	WSIB CASEWORKER:	
	RTW SPECIALIST:	
	UNION REPRESENTATIVE:	Ann Jenkins, 2 <sup>nd</sup> Vice President 905-522-0917 jenkins@cupe5167.org
	KEEP NOTES	
<b>WSIB FORMS</b>		<b>Retain a copy of each for your records.</b>
	FORM 6	EMPLOYEE
	FORM 7	EMPLOYER
	FORM 8	HEALTH CARE PROVIDER
	DIRECTION OF AUTHORIZATION	ALLOWS FOR UNION TO COMMUNICATE WITH YOUR WSIB CASEWORKER AND RTW SPECIALIST (EMPLOYER)
	BRIDGING FORM	FULLTIME EMPLOYEES MAY HAVE ELIGIBILITY FOR BRIDGING. ASK EMPLOYER.
	FAF - FUNCTIONAL ABILITIES FORM	Date: Date: Date:
	WSIB STATUS:	APPROVED / DENIED - COPY OF DECISION LETTER
	ITO - INTENT TO OBJECT:	Reconsideration to WSIB Caseworker
	APPEAL OUTCOME:	APPROVED / DENIED - COPY OF DECISION LETTER
	APPEAL READINESS FORM:	Appeal to WSIB ASD – Appeals Services Division
	APPEAL OUTCOME:	APPROVED / DENIED – COPY OF DECISION LETTER
	NOA - NOTICE OF APPEAL:	Appeal to WSIAT Workplace Safety and Insurance Appeals Tribunal
	READINESS FORM:	
	COA - CONFIRMATION OF APPEAL:	
	FINAL DECISION:	APPROVED / DENIED - COPY OF DECISION LETTER



## MY WSIB CLAIM CHECKLIST:

✓	CLAIM #:	
	DATE OF INJURY:	
	NATURE OF INJURY:	
	MEDICAL ATTENTION:	YES OR NO
	WSIB CASEWORKER:	
	RTW SPECIALIST:	
	UNION REPRESENTATIVE:	Ann Jenkins, 2 <sup>nd</sup> Vice President 905-522-0917 jenkins@cupe5167.org
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