wsib cspaat ONTARIO — Workplace Safety & Insurance Board / Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Intent to Object Form

If you need assistance completing this form, see the Instruction sheet or call the WSIB at 416-344-1000 or 1-800-387-0750.

1. Claim Identifiers

Worker's Name	Claim No.
JOHN SMITH	12345678

2. Objecting Party

☒ Worker ☐ Worker Representative ☐ Employer ☐ Employer Representative ☐ Transfer-of-Cost Employer

3. General Information

Is the worker/employer address and contact information the same as the decision letter? ☒ **Yes** ☐ **No, see changes below.**

Name		
Address	City/Town	Postal Code
Telephone No.: (Day) ( )	Telephone No.: (Evening) ( )	Language ☐ English ☐ French ☐ Other _____

4. Representation

See Instruction Sheet for information on possible assistance available.

Please check one: ☒ **I will represent myself in the objection process.** ☐ **I have a representative to handle my objection.**

If you are represented - A signed *Direction of Authorization* for this representative must be in the claim file.

Representative's Name	Organization	
Address	City/Town	Postal Code
Telephone No.: (Day) ( )	Telephone No.: (Evening) ( )	FAX No.: ( )

5. Intent to Object

I disagree with the following decision(s):

Date of Decision Letter(s) (dd/mmm/yyyy)	Issue(s) in Dispute
01/JAN/2014	All issues. The decision(s) fails to properly weigh
	the evidence, apply Board policy and/or apply the Act.

6. New Information/Reconsideration

This is an opportunity to provide any new information that the front-line decision maker may not have considered, based on the contents of the decision letter(s). The decision maker can reconsider the decision(s) and may be able to change the decision(s). You will be advised of the outcome of the reconsideration.

☒ **No, I have no additional explanation/information to submit.**

☐ **Yes, additional explanation/information is attached.**
(Please put the worker's name and claim number on each page.)

Name (please print)	Signature	Date
JOHN SMITH	J. Smith	JAN 25, 2014

Please print and sign the completed form before sending to the WSIB by fax to **416-344-4684 or 1-888-313-7373** or by mail to: Workplace Safety & Insurance Board, 200 Front Street West, Toronto, ON M5V 3J1