WSIB ONTARIO CSPAAT

Send the completed and signed form to:
Workplace Safety & Insurance Board
200 Front Street West
Toronto, ON M5V 3J1

OR fax to:
416-344-4684
or
1-888-313-7373

Direction of Authorization - Claims

Claim Nos.
Worker Name
Worker Date of Birth (dd/mm/yy)

For this form to be valid, it must be **completed in full** by the Representative (Parts A and B) and **signed** by the worker or employer (Part D) as applicable.

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

Part A - Worker or Employer Directing Authorization

Name	☐ Worker ☐ Employer	Employer/Company Name	
Address	City/Town		Postal Code
Telephone	Fax	Language ☐ English ☐ French ☐ Other (please specify)	

Part B - Representative Information

* Name of person and/or organization to be authorized

Address	City/Town	Postal Code
Telephone	Fax	Signature

Please complete one of the following three (1, 2 or 3) as applicable:

1. My Law Society of Upper Canada or Application ID No.

2. I am / My organization is exempt from the paralegal licensing requirement (please check the exemption that applies to you):

- ☐ In-house legal services provider or paralegal
- ☐ Student legal aid services society
- ☐ Acting for family or friend
- ☐ Office of the Worker Adviser
- ☐ Injured workers' group funded by WSIB
- ☐ Articling student
- ☐ Legal clinic
- ☐ Constituency assistant
- ☐ Office of the Employer Adviser
- ☐ Trade union
- ☐ Other profession or occupation (please specify): _____

If you are unsure about your exemption status, please contact the Law Society of Upper Canada.

3. I am / My organization is excluded from the paralegal licensing requirements (please explain):

* This indicates the person and/or organization who will have authorization as set out on this form. Since October 31, 2007, the WSIB only accepts representatives who have applied for licensing by the Law Society of Upper Canada and whose names are included on the Paralegal Candidate Directory, or those who are exempt or excluded from the licensing requirement. For further information, please consult the Law Society's website at www.lsuc.on.ca. Since October 31, 2007, the WSIB requires all representatives to provide information about their licensing status in order to represent parties before the Board.

Part C - Extent of Authorization and Expiration

The representative named above is authorized to represent the worker or employer in relation to the above noted claim and access all of the WSIB claim-related information that the worker or employer would normally have access to.
This authorization is deemed to be effective for an indefinite period and expires upon receipt of written confirmation by the worker or employer, or upon the death of the worker.

Part D - Approval by Worker or Employer

By signing below, I authorize the person or company named in *Part B* to act as representative, subject to *Part C* noted above.

Name (print)	Position / Title (if applicable)	
Signature		Date (dd/mm/yy)

Paralegal Office of Emmanuel (Emy) Abitbol
PROFESSIONAL CORPORATION

Please Note: My Office Address Has Changed
To; 48 Sherwood Avenue, Leamington, ON N8H 4T8

www.emyabitbol.ca

[redacted]
Telephone: (705) 522-2335

AUTHORIZATION TO REPRESENT

DATE:_____

TO: WORKPLACE SAFETY AND INSURANCE BOARD (WSIB).

FROM: Name:_____

Address:_____

_____

_____

Claim No.: _____

I,_____, hereby authorize the Paralegal Office of Emmanuel (Emy) Abitbol - Professional Corporation, to represent my WSIB matters.

Issues to be discussed are:

_____

_____

_____

_____

Please provide Mr. Emmanuel (Emy) Abitbol or staff with any information they may require, including any payment matters, address / phone # changes etc., during all times the Paralegal Office of Emmanuel (Emy) Abitbol - Professional Corporation is on the WSIB's PARS screen (authorized rep.).

Access: Under Freedom of Information and Privacy Act.

File requested: Yes;_____. No;_____.

Please contact our office, when the file is available.

Thank you for your kind cooperation.

_____
Signature of WSIB Claimant

_____
Signature of Representative

Paralegal Office of Emmanuel (Emy) Abitbol
PROFESSIONAL CORPORATION

Please Note: My Office Address Has Changed
To; 48 Sherwood Avenue, Leamington, ON N8H 4T8

www.emyabitbol.ca

Telephone: (705) 522-2335

AUTHORIZED METHOD OF COMMUNICATION ELECTED

DATE:_____

TO: WORKPLACE SAFETY AND INSURANCE BOARD.

FROM: Name:_____

Address:_____

_____

_____

Claim No.: _____

I,_____, hereby direct the WSIB to refrain from communicating with myself on any and all insurance inquiries as the need arises. Kindly direct all insurance inquiries to my representative when any information may be required of me.

It is acknowledged that should any information be required of me, then I will willingly participate by way of a conference calls or scheduled in person interviews, with my representative and, any workplace parties.

Thank you for your kind cooperation.

_____
Signature of WSIB Claimant

_____
Signature of Representative

Paralegal Office of Emmanuel (Emy) Abitbol
PROFESSIONAL CORPORATION

Please Note: My Office Address Has Changed
To; 48 Sherwood Avenue, Leamington, ON N8H 4T8

www.emyabitbol.ca

[redacted]
Telephone: (705) 522-2335

AUTHORIZATION TO REPRESENT: Dr. Verbal and/or Written Disclosures.

DATE:_____

TO:_____
_____
_____

FROM: Name:_____

Address:_____
_____
_____

Claim No.: _____

I,_____, hereby authorize the Paralegal Office of Emmanuel (Emy) Abitbol - Professional Corporation to represent my WSIB matters.

Issues to be discussed are:

_____
_____
_____
_____

Please provide Mr. Emmanuel (Emy) Abitbol or staff with any information they may require.

Access: Under Freedom of Information and Privacy Act.

Medical File requested: Yes;_____. No;_____.

Please contact our office, when the file is available.

Thank you for your kind cooperation.

_____
Signature of WSIB Claimant

_____
Signature of Representative

Paralegal Office of Emmanuel (Emy) Abitbol
PROFESSIONAL CORPORATION

Please Note: My Office Address Has Changed
To; 48 Sherwood Avenue, Leamington, ON N8H 4T8

www.emyabitbol.ca

[redacted]
Telephone: (705) 522-2335

AUTHORIZATION TO REPRESENT: Various Agencies Information Request

DATE:_____

TO:_____
_____
_____

FROM: Name:_____

Address:_____
_____
_____

SIN No.:_____DOB: _____

I,_____, hereby authorize the Paralegal Office of Emmanuel (Emy) Abitbol - Professional Corporation to represent and/or request information regarding the following matters.

Issues to be discussed and/or documents requested are:

_____
_____
_____
_____

Please provide Mr. Emmanuel (Emy) Abitbol or staff with any information they may require.

Access: Under Freedom of Information and Privacy Act.

File requested: Yes;_____. No;_____.

Please contact our office, when the file is available.

Thank you for your kind cooperation.

_____
Signature of Claimant

_____
Signature of Representative