

Information about workers' compensation

Information for newcomers to Ontario



**Institute
for Work &
Health**

Research Excellence
Advancing Employee
Health

prevention is the best medicine
a toolkit for newcomers to Ontario
www.iwh.on.ca/pbm

What is the Workplace Safety and Insurance Board?

- The Workplace Safety and Insurance Board (WSIB) is Ontario's “no-fault” insurance system for employers and workers.
- WSIB can pay money (compensation) to injured workers who cannot work because they are hurt on the job.
- If you do get injured or sick because of your work, it is important for you to know about the WSIB.



Injury risks for newcomers to Ontario

- Newcomers to Ontario do not always find the work they hoped to find right away.
- Newcomers may be more likely to work in manual jobs, which have higher rates of injury.



What types of injuries and illnesses can happen at different workplaces?

- In a factory?
- In a restaurant?
- Doing cleaning or maintenance work?
- In health care or child care?
- In construction?
- In other types of jobs?



What should you do if you get sick or injured as a result of your work?

- Tell your employer or supervisor about your injury, even if it seems small. A small injury could get worse.
- Your boss cannot fire you just because you are hurt or injured.



What should you do if you get sick or injured as a result of your work?

- If you have a union representative or a health and safety representative at work, tell this person about your injury.
- Get medical help, and tell the doctor that your injury or pain is related to your work. You can ask your doctor to fill in a **Form 8** and send it to the WSIB.
- If you get hurt in an accident at work, get the names and contact information of anyone who saw the accident.

Scenario:

Why it is important to report injuries

Naseem gets a metal splinter in his hand at work. He tells his boss, and they fill out a WSIB form to report the injury. Naseem thinks this isn't necessary and laughs about it. He doesn't tell his co-workers because he is embarrassed. He didn't need to report this type of injury in his home country.

The splinter in Naseem's hand gets infected, and he has to take a week off work. If he hadn't reported the injury to his boss and to WSIB, he may not have been paid for staying home from work to get better.



What should you do if you get sick or injured as a result of your work?

- Write down the details of your injury, illness or accident at work.
- Your turn... What sorts of information should you provide?



How does the WSIB find out about your injury?

- If you get medical care, your doctor may fill out a **Form 8** and send it to WSIB.
- Your employer has to let the WSIB know about your injury if the injury makes you:
 - miss time from work;
 - need health care (see a doctor, chiropractor, physiotherapist, dentist or registered nurse);
 - earn less than regular pay for regular work;
 - do a different (modified) job at work for less money than your regular pay;
 - do a different (modified) job at work for more than seven days (even with your regular pay);
 - do different or modified work at regular pay for more than seven calendar days following the date of your injury.
- Your employer fills out a **Form 7**. You fill out a **Form 6**. These are sent to the WSIB.

What "Form 6" looks like...

print reset

WSIB
Ontario
CSPAAT

Mail To: 200 Front Street West Toronto ON M5V 3J1
OR Fax To: 416-344-4684 OR 1-888-313-7373

6 Worker's Report of Injury/Disease (Form 6)

Claim Number

Please PRINT in black ink

A. Worker Information

Worker Name First Name Social Insurance Number

Address (number, street, apt., suite, unit) Telephone

City/Town Province Postal Code Alternate/Cell Phone

Job Title/Occupation (at the time you were hurt) Date you started with employer dd mm yy How long have you been doing this job for this employer?

Only check if you are one of the following: executive elected official owner spouse or relative of the employer

Sex M F Your Preferred Language English French Other Would an interpreter be helpful? yes no

Are you a member of a union? yes no Do you authorize your union to represent you in this claim? yes no If yes, do you consent to the disclosure of verbal claim file status information to your union representative? yes no

Provide your Union Name and Local

B. Employer Information

Company/Employer Name

Address

City/Town Province Postal Code

Your Immediate Supervisor's Name Company Telephone

C. Accident/Illness Dates & Details

1. Date and hour of accident/Awareness of illness dd mm yy AM PM

2. Who did you report this accident/illness to? (Name & Position)

Date and hour reported to employer dd mm yy AM PM Telephone

3. Area of Injury (Body Part) - (Please check all that apply)

<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper back	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower back	Shoulder	Arm	Wrist	Hand	Hip	Thigh	Left	Right	Ankle	Foot
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	Elbow	Forearm	Hand	Finger(s)	Knee	Lower Leg			Foot	Toe(s)
<input type="checkbox"/> Ear(s)		<input type="checkbox"/> Pelvis										

Other: Are you: Left Handed Right handed

4. Did the accident/illness happen on the employer's property or work site? yes no Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.):

5. Did it happen outside the Province of Ontario? yes no If yes, indicate where (city, province/state, country):

6. Have you hurt this area(s) of your body before? yes no

7. Do you have any prior related WSIB/WCB claims? no yes - In Ontario yes - Outside Ontario

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6 Worker's Report of Injury/Disease (Form 6)

Claim Number

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Worker Name - Last Name First Name Social Insurance Number

C. Accident/Illness Dates & Details (continued)

8. If you had a sudden type of accident/illness, describe your injury and what happened to cause it (e.g. hurt lower back while lifting a 50 pound box, sprained left ankle when I slipped on a wet floor, used a new cleaner and immediately got a rash). Please indicate the size, weights and names of any objects involved.
or
If you had a gradual onset type of injury, describe your injury, the work that you do and what you believe caused your injury/condition.

9. When did you first start to have problems with this injury/condition?

10. If you did not report this to your employer right away, please tell us the reason why.

11. If there were any witnesses to your accident, or if you mentioned your pain or problems to your supervisor or any of your co-workers, give us their names & positions.

	Name	Position
1.	<input style="width: 70px;" type="text"/>	<input style="width: 60px;" type="text"/>
2.	<input style="width: 70px;" type="text"/>	<input style="width: 60px;" type="text"/>

12. The Workplace Safety and Insurance Act requires your employer to give you a copy of the Employer's Report of Injury/Disease (Form 7). Did you receive a copy of the Form 7? yes no

The Workplace Safety and Insurance Act requires you to give a copy of this report (Worker's Report of Injury/Disease - Form 6) to your employer.

D. Health Care Information Give your Health Professional your WSIB Claim number.

1. Did you get first aid or care at work? yes no If yes, when dd mm yy and by whom (Name):

2. Where did you go for health care, for your injury, outside of work? (Check all that apply)

	Facility/Hospital (Name & Address)	Date of Visit (dd/mm/yy)	Date of Visit (dd/mm/yy)
<input type="checkbox"/> Nursing Station	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input type="checkbox"/> Emergency Department			
<input type="checkbox"/> Admitted to Hospital			
<input type="checkbox"/> Ambulance			
<input type="checkbox"/> Health Professional Office			
<input type="checkbox"/> Clinic			

3. Were you prescribed any medications/drugs? yes no

4. Were you referred for any other treatment or tests? yes no

5. Did you talk to your health professional about going back to regular or modified work? yes no If yes, were you given any work limitations? yes no

6. Did you tell your employer you went for medical treatment? yes no If no, please tell your employer right away.

dd mm yy Name

If yes, when? and to whom?

Position

What "Form 6" looks like...

Claim Number

Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number
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E. Lost Time & Return to Work

After the day of accident/illness:

I returned to work to my **regular job** and **did not** lose any time or pay.

I returned to **modified duties** and **did not** lose any time or pay.

I **lost time and/or pay** (e.g. regular pay, shift differential, bonuses, premiums, etc.).

 Date you first lost time and/or pay dd mm yy

2. If you lost time, have you returned to work? yes no

 if **yes** ▶ Date of your return to work dd mm yy regular work modified work

 if **no** ▶ Did you discuss return to work with your employer? yes no Does your employer have modified work? yes no

F. Earnings (Do not include overtime here)

1. Rate of pay: \$ _____ per hour week other: _____

2. Usual number of pay hours: _____ per week other: _____

3. If you lost time from work after the day of accident/illness, did your employer continue to pay you? yes no

4. Have you applied for, or did you receive, any other benefits (money) while off work (e.g. EI benefits, sick benefits, social services, insurance, etc.) yes no

5. At the time of the accident/illness did you work for more than one employer? yes no

G. Declarations and 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 WSIB's "Functional Abilities Form for Planning Early and Safe Return to Work".

It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.

I declare that all of the information provided on pages 1, 2, and 3 is true.

Signature _____ Date (dd/mm/yy) _____

Please print form & sign before returning to the WSIB

If you are under the age of 16, your parent or guardian, must authorize the release of the functional abilities information.

Signature _____ Relationship: _____ Date (dd/mm/yy) _____ Telephone _____

Please print form & sign before returning to the WSIB

Personal information about you will be collected throughout your claim under the authority of the Freedom of Information and Protection of Privacy Act and will be used to administer the Workplace Safety and Insurance Act, 1997, your claim and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the Income Tax Act. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers, and others as authorized by the Workplace Safety and Insurance Act and the Freedom of Information and Protection of Privacy Act. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Questions should be directed to the decision maker responsible for your file or toll free at 1-800-387-5540.

A more detailed PRIVACY STATEMENT for workers may be found at www.wsib.on.ca or by calling toll free at 1-800-387-5540.

Claim Number

Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number
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K. Additional Information

Additional information section with multiple blank lines for text entry.

What happens next?

- Once WSIB receives a **Form 6** (worker form), **Form 7** (employer form) or **Form 8** (health-care provider form), it will open a file on the claim and contact you for any further information.
- The next two slides provide more detailed information about making a claim to WSIB.



Steps involved in making a WSIB claim

When to make a claim

As a worker, you can make a claim for a work-related accident or illness if you:

- receive health care for your injury or illness; or
- are absent from work beyond the day of the accident/illness; or
- earn less than you normally would because of your injury or illness (e.g. work partial hours or do a different job for less pay).

If you have to do different work due to the accident/illness for **more than seven days**, even at regular pay, you can also make a claim.

Tell your employer about the accident or illness as soon as possible. Your employer should report the accident or illness to the WSIB by filling out a **Form 7**.

You need to complete, sign and return the **Form 6**. If your employer reported the accident to WSIB, the WSIB should send you a copy of the form to complete. If your employer did not report the accident (by filling out a **Form 7**), you can find the **Form 6** on the WSIB website.

Steps involved in making a WSIB claim

You will need to provide the following information:

- your name;
- your address;
- your date of birth;
- your social insurance number;
- the name and location of your employer(s); and
- the symptoms or illness for which you are making a claim, as well as information about the type of work you do or about the accident

Once your form is received, an adjudicator or case manager will call you to get any information still needed to make a decision on your claim. When a claim is registered, you will be given an eight-digit claim number. Keep your claim number so that you can follow up with your case manager about your claim.

Steps involved in making a WSIB claim

There is a deadline for making a claim to WSIB. A claim must be filed within **six months** of an accident or, in the case of an occupational disease, within **six months** of learning of the disease. The claim may be filed after six months if the worker can show that exceptional circumstances existed at the time of the deadline. For further information, call 1-800-387-5540.

You must consent to release your “functional abilities” information to your employer. Without this consent, you cannot claim benefits. Your functional abilities information is non-medical information from the health-care provider who is treating you. This information tells you and your employer about the kinds of work activities you are permitted to do in light of your illness or injury.

You must contact (report to) the WSIB within 10 days if there are any changes to the status of your claim. These changes could include:

- returning to work;
- beginning to receive other income or government benefits; and
- significant changes in your medical condition.



Acknowledgements

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- Workers Health and Safety Centre
- Workplace Safety and Insurance Board
- Ontario Ministry of Labour
- Workplace Safety and Prevention Services
- Occupational Health Clinics for Ontario Workers



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