

# Information about workers' compensation

Information for newcomers to Ontario



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The goal of this module is to have workshop or classroom participants understand their basic rights and responsibilities regarding workers' compensation.



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## 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.



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In Ontario, most workers cannot sue their employers if they have been injured at work. Instead, most workplaces in the province are covered by the WSIB.

WSIB is a "no-fault" insurance system. That means it doesn't matter to WSIB who or what caused an injury. For example, if you get injured working on a machine because you forget to put the safety guard down, you can still apply to WSIB for benefits. It also does not matter if you just started a job or are new to Canada.

If you are hurt as a result of your work, WSIB can provide disability benefits, help with getting proper health care related to your injury, and assist you with your return to work after an injury.

## 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.



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Although the aim for newcomers to Ontario is to find a job in their field, many may end up taking “survival jobs” that are not in their field. They may do this in order to become more financially secure and to gain Canadian experience.

Newcomers often find their first job in Canada in a factory, store or restaurant. They may end up working with machinery, or doing maintenance or cleaning work. Research has shown that new immigrants are more likely to work in manual jobs where the risk of injury is higher.

If newcomers are injured at work, they may not know anything about the workers' compensation system. They may be unsure about what to do and where to go for help.

## 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?



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There are different types of injuries associated with different types of work.

### **Exercise #1**

Ask the workshop participants to brainstorm about different types of possible work-related injuries and illnesses. Some examples include:

- slips, trips and falls as a result of slippery surfaces, untidy workplaces or working at heights;
- strains to parts of the body as a result of doing heavy lifting or work on an assembly line;
- pain that develops slowly over time as a result of doing the same motions over and over again, including pain in the back, neck, shoulders, arms, wrists;
- lung or skin damage as a result of being exposed to chemicals (e.g. in cleaning and manufacturing jobs); and
- burns (e.g. in restaurant work).

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

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- 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.



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If you get hurt or sick because of your work, you should report the injury to your boss as soon as possible.

Sometimes reporting an injury can be scary for people to do. Injured workers may be worried that their boss will be angry with them, or that they might lose their job. But it is illegal to fire a worker just because he or she has been injured.

If you are sick because of your job, tell your boss that you are sick because of your work (not just sick).

Even if an injury seems small, it is still important to report it to your employer because sometimes a small injury can become more serious. For example, a worker could get a cut that becomes infected a few days later, or a worker could develop pain in the back or other body part that becomes worse over time.

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

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- 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.



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If you have a union representative or health and safety representative at work, you should tell this person about the injury.

Get medical help. See your family doctor or go to the hospital emergency room or a community health clinic. Tell the doctor that your injury or pain is related to your work. Provide as much detail as you can about your work, your pain or injury, and what happened at work to bring it about.

It is sometimes helpful for newcomers who are still learning English to see a doctor who speaks their own language. This can make it easier to explain the details of your work and about what led to your injury, and for the doctor to explain to you the details about WSIB.

If you have to go to the hospital or see a specialist doctor for your injury, you may want to bring someone with you who speaks English fluently to help you explain to the medical team the details of your injury.

## Scenario: Why it is important to report injuries

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*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.*



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Here's an example of why it's important to report all work injuries, even those that may seem minor at the time.

## 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?



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Keeping a detailed and accurate record of what happened is very important for making a claim to WSIB. It is important for workers to keep their own record of events.

### **Exercise #2**

What types of information should you document?

Possible types of information to keep track of include:

- when your pain started;
- the type of job you were doing;
- if there was an accident, the details about the accident (what happened and why), and the names and contact information of any witnesses (people who saw the accident happen);
- if the pain developed over time, information about your day-to-day job tasks, and how your injury is affecting your ability to do your job (what you can and can't do because of your injury);
- details about when and what you told your supervisor or employer about the injury and how he or she reacted (e.g. what he or she told you);
- details about when you saw a doctor and what happened (e.g. what you told the doctor about your injury and what he or she told you);
- details about any contact you have with your union or health and safety representative about your injury;
- any increases or changes to your pain; and
- any changes to the job you are doing (e.g. the nature of the changes and how long you do the changed or modified job).



## 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.



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Your employer is legally obligated to file a WSIB claim on your behalf if you get sick from or hurt by your work and it causes you to:

- 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 less than regular pay;
- do modified work at regular pay for more than seven days;
- do different or modified work at regular pay for more than seven calendar days following the date of your injury.

To do this, your employer fills out a **Form 7**, and you fill out a **Form 6**. These forms are available on the WSIB website: [www.wsib.on.ca](http://www.wsib.on.ca)

### Exercise #3

Distribute copies of the WSIB forms (**Form 6** and/or **Form 7**) and have the class practice filling out the forms. (**Form 6** is shown on the next slide.)

The forms are in English or French, but you are allowed to fill them out in the language in which you are most comfortable. If you need to fill out a **Form 6** and you choose to do it in English, you may want to get help from someone who speaks English well and understands the WSIB. The forms can be complicated, and they ask for a lot of detail about your work and your injury.

Your employer should not discourage you from filing a claim for WSIB benefits. Sometimes employers may offer you time off work instead of reporting an injury to WSIB or tell you that you cannot get WSIB benefits. If your employer is doing either of these things, you should call a free legal clinic or community resource for advice or contact the WSIB directly. (Contact information is listed at the end of the fact sheet.)

## What "Form 6" looks like...

**WSIB CSPAT** Mail To: 200 Front Street West Toronto, ON M5E 1B1 OR Fax To: 416-561-6884 OR 1-866-313-7373

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

**Please PRINT in black ink**

**A. Worker Information**

Worker Name - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address (number, street, apt., suite, etc.): \_\_\_\_\_ Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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? dd mm yy

**Only check if you are one of the following:** ☐ executive ☐ elected official ☐ janitor ☐ spouse or relative of the employee

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? ☐ yes ☐ no If yes, do you consent to the disclosure of initial claim file status information to your union representative? ☐ yes ☐ no

Provide your union Name and Local: \_\_\_\_\_

**B. Employer Information**

Company/Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Your Immediate Supervisor's Name: \_\_\_\_\_ Company Telephone: \_\_\_\_\_

**C. Accident/Injury Dates & Details**

1. Date and hour of accident/injury: dd mm yy All day ☐ yes ☐ no

2. Who did you report the accident/injury to? (Name & Position): \_\_\_\_\_ Date and hour reported: dd mm yy AM ☐ PM ☐ Telephone: \_\_\_\_\_

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

|        |       |            |          |         |         |         |         |         |         |         |
|--------|-------|------------|----------|---------|---------|---------|---------|---------|---------|---------|
| Head   | Teeth | Upper back | Left     | Right   | Left    | Right   | Left    | Right   | Left    | Right   |
| Face   | Back  | Lower back | Shoulder | Arm     | Wrist   | Hand    | Elbow   | Forearm | Thigh   | Lower   |
| Chest  | Neck  | Neck       | Forearm  | Forearm | Forearm | Forearm | Forearm | Forearm | Forearm | Forearm |
| Other: |       |            |          |         |         |         |         |         |         |         |

Are you: ☐ Left Handed ☐ Right Handed

4. Did the accident/injury 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/WSB claims? ☐ yes - In Ontario ☐ yes - Outside Ontario

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

**Please PRINT in black ink**

Worker Name - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

**C. Accident/Injury Dates & Details (continued)**

8. If you had a sudden type of accident/injury, 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 tripped on a wet floor, used a lawnmower 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. _____ | _____    |
| 2. _____ | _____    |

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 to 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) |
|--|--------------------------|
| <input type="checkbox"/> Nursing Station | _____                    |
| <input type="checkbox"/> Emergency       | _____                    |
| <input type="checkbox"/> Outpatient      | _____                    |
| <input type="checkbox"/> Hospital        | _____                    |
| <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, when you gave 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.

If yes, when? dd mm yy and to whom? Name: \_\_\_\_\_ Position: \_\_\_\_\_

There is a guide available on the WSIB website to help fill out **Form 6**. This guide is available at:  
[www.wsib.on.ca/files/Content/Downloadable%20FileForm%206%20Guidelines/1906A.pdf](http://www.wsib.on.ca/files/Content/Downloadable%20FileForm%206%20Guidelines/1906A.pdf)

## What "Form 6" looks like...

WSIB  
CSRPAT

6  
Worker's Report of Injury  
(Form 6)

Please PRINT in black ink

|                         |            |                         |
|-------------------------|------------|-------------------------|
| Worker Name - Last Name | First Name | Claim Number            |
|                         |            | Social Insurance Number |

**1. Last 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, with different duties, bonuses, premiums, etc.)

→ I lost my first lost time and/or pay of \_\_\_\_\_ dd mm yy

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

If yes → Date of your return to work \_\_\_\_\_ regular work ☐ modified work ☐

Did you discuss return to work with your employer? ☐ yes ☐ no

Does your employer have modified work? ☐ yes ☐ no

**3. Earnings (Do not include overtime hours)**

A. Rate of pay ( \$ ) \_\_\_\_\_ per \_\_\_\_\_ hour \_\_\_\_\_ week \_\_\_\_\_ other: \_\_\_\_\_

B. Usual number of pay hours: \_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ other: \_\_\_\_\_

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

D. Have you applied for or are you receiving any other benefits (sickness, workers' compensation, etc.) since the day of accident/illness? ☐ yes ☐ no

E. If you are the victim of an accident/illness, did you lose more than one week of work? ☐ yes ☐ no

**G. Declarations and Signature**

I, the undersigned, I am submitting this report to the Workplace Safety and Insurance Act, 1997, for a non-injury-related illness or disease. I am also authorizing any health professionals who treat me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities in the WSIB's "Functional Abilities Questionnaire" and "Return to Work and Safe Work at 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 your age, 16 years and your gender, and authorize the review of the functional abilities information.

|           |     |        |
|-----------|-----|--------|
| Signature | Age | Gender |
|           |     |        |

**Please print your job title, your present position and your WSIB.**

Personal information that you will be collected through your own use 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 for administrative, operational purposes and to provide services, employees, employers, witnesses, and others as requested. 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 by the employer, external medical, occupational and safety agencies, external personal and service providers, witnesses 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 is collected 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 1-800-387-5542.

A more detailed version of this document may be found at [www.wsib.ca](http://www.wsib.ca) or by calling toll free at 1-800-387-5542.



# 6

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

**Please PRINT in black ink**

|                         |            |                         |
|-------------------------|------------|-------------------------|
| Worker Name + Last Name | First Name | Claim Number            |
|                         |            | Social Insurance Number |

**6. Additional Information**

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As you can see, the form asks for a lot of detailed information. This is one of the reasons why it is important for workers to keep their own written records of events leading up to an injury and during the reporting of the injury.

## 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.



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If you get sick from or hurt by your work, WSIB can provide benefits to replace income you lose because you are sick or injured. WSIB can also provide other kinds of benefits, including:

- covering the costs of health-care services, such as chiropractic, physiotherapy and prescription drug costs related to your injury;
- covering the cost of assisted living devices and, sometimes, the cost of travel to and from medical appointments;
- if your injury is permanent, providing benefits to cover losses related to future earnings and other losses that go beyond your regular pay; and
- helping you return to work, including retraining you for a different type of job or getting your job changed so that you can return to your workplace while you recover from your injury.

## 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.



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The next two slides show the step by step process involved in making a WSIB claim.

### When to make a claim:

As a worker, you can claim benefits 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 or 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**.

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## 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.



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- your address;
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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.



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

## Acknowledgements

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This document was created by a research team at the Institute for Work & Health consisting of Agnieszka Kosny, Peter Smith, Curtis Breslin, Ron Saunders and Marni Lifshen, in partnership with:

- Injured Workers' Consultants
- Skills for Change
- 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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**prevention** is the best medicine  
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This document was created by a research team at the Institute for Work & Health consisting of Agnieszka Kosny, Peter Smith, Curtis Breslin, Ron Saunders and Marni Lifshen, in partnership with:

- Injured Workers' Consultants
- Skills for Change
- 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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