



**Mail To:**  
200 Front Street West  
Toronto ON M5V 3J1

**OR FaxTo:**  
416-344-4684  
OR 1-888-313-7373

## Request for Access to Own Personal Information

Please send this request directly to your claims adjudicator. If you have previously received access, you will receive updates to your file from the date of your last request.

**Note: Should this request be the result of a WSIB decision to deny you a benefit, the most appropriate way to receive your file/information is by making a formal appeal. This can be done by writing a letter to your adjudicator. This will ensure you meet the Appeal time limits. If you need more information please contact your adjudicator or visit the WSIB Website**

### Worker Information

Name

Home Address (Street/Apt./P.O. Box/R.R.No.)

Province

Postal Code

Telephone (day)

Telephone (evening)

( )

( )

Worker Claim No.

Other Claim No.

Other Claim No.

Other Claim No.

Date of Birth (dd/mmm/yyyy)

Date of Accident (dd/mmm/yyyy)

I am requesting that a copy of my claim file be sent to me at the above address.

**OR**

I am requesting that a copy of my claim file be sent to my representative.

Signature of Requestor

Date (dd/mmm/yyyy)

### Representative Information

Name of Representative

Name of Organization/Firm:

Address

City

Province

Postal Code

Telephone

**Personal information contained on this form is collected under the Workplace Safety and Insurance Act and will be used to respond to your request.**

Visit our Web site [www.wsib.on.ca](http://www.wsib.on.ca) for information on benefits, services, working safely and more.