WORKPLACE ACCIDENTS & WORKERS COMPENSATION (WSIB) CLAIMS



Member Health Management Services





1263 Wilson Avenue, Suite 302. Toronto, Ontario. M3M 3G3 Tel: 416-240-2104 / Fax: 416-240-7488 Email: memberhealthservices@liunacare183.ca

WORKPLACE ACCIDENTS & DISABILITIES

WSIB Benefits & Application Process

INTRODUCTION

- The Workplace Safety & Insurance Board (WSIB) is an Ontario government agency that administers compensation and no-fault insurance in accordance with the Workplace Safety & Insurance Act. WSIB has exclusive jurisdiction to examine, hear, and decide all matters under the Act;
- Employers contribute to the insurance fund administered by the WSIB;
- If a claim is filed, WSIB provides wage-loss benefits, medical coverage, and return-to-work services;
- As WSIB compensates workers on a no-fault basis, you cannot sue your own employer;
- If you sustain a workplace accident and obtain health care, miss time from work more than the accident date, or have been accommodated for more than 7 days, a WSIB claim <u>must</u> be filed.

FILING A WSIB CLAIM

- Immediately report the injury to your employer (ie. Supervisor, Health & Safety Manager, etc.);
- If there are any witnesses, obtain names and contact information;
- Your employer is responsible for securing your transportation to obtain medical attention, if required;
- On the accident date, your employer is responsible for paying the whole shift;
- Seek medical attention from a physician or health professional as soon as possible;
- Advise your physician or health professional that the injury occurred at work;
- Ensure your Physician or Health Professional submits a WSIB Form 8 (Health Professional Report);
- Ask your employer for a copy of the Form 7 (Employer's Report). A copy must be provided;
- If your employer requests you to complete a **Functional Abilities Form (FAF)**, have your physician or health professional complete the form and return to your employer;
- Contact WSIB to report your accident at 416-344-1000 or 1-800-387-0750; The WSIB will provide you a Form 6 (Employee's Report) or you can obtain one from the WSIB website – wsib.on.ca
- If you require assistance with your application, decision, or have any questions, contact LiUNA! Care 183
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WSIB BENEFITS

- WSIB pays Loss of Earnings (LOE) benefits at 85% of your net average earnings, up to a set maximum. LOE
 benefits are paid for the period WSIB determines you are unable to work your own job or suitable modified
 work is unavailable;
- During the first 12 weeks, LOE is based on net average earnings 4 weeks prior to the accident;
- After the 12th week, LOE is based on net average earnings 2 years prior to the accident.
- LOE stops once you are no longer disabled, you no longer have a wage-loss, suitable work is offered which restores your earnings, or on the day you turn age 65 (two years post-accident if over age 63 at accident);
- WSIB pays Health Care Benefits as may be necessary and appropriate in allowed claims which include;
 - Professional services by a health professional (ie. physicians, physiotherapists, etc.);
 - Services provided by hospitals or other health treatment facilities;
 - Prescription medications and assistive devices (ie. wheelchairs; hearing aids, etc);
 - Clothing allowances (ie. clothing damaged in the accident or by assistive devices);
 - Public transit expenses to and from medical appointments (other forms of travel must be pre-approved by WSIB);
 - Other devices or allowances to improve quality of life of severely impaired workers.
- A Non-Economic Loss (NEL) Award may be granted if a worker sustains a permanent impairment.

RETURN TO WORK OBLIGATIONS

- Employers are required to provide suitable work that is available and consistent with the worker's abilities and, when possible restores, the worker's pre-accident earnings;
- Workers are required to assist their employer in this process by providing functional abilities forms when requested and assisting the employer in identifying suitable work based on his/her abilities;
- WSIB's role is to support the workplace parties (employers and workers) in this process;
- If your employer offers you modified work which is suitable given your restrictions, you must report to work and comply with the modified work. If the work offered appears unsuitable, unsafe, or you have concerns, let your employer know what aspects are unsuitable and contact the WSIB and Member Health Management Services;
- Ensure your restrictions are observed and notify your employer, the WSIB, and Health Management Services if there are issues with the accommodation.
- When the workplace parties are unable to identify suitable work or cannot agree whether offered work is suitable, a WSIB Return-to-Work Specialist may be assigned to the case to help the workplace parties reach consensus or make a determination of suitability;
- If WSIB contacts you for a return to work meeting, advise Health Management Services;
- If any of the workplace parties fail to cooperate in this requirement, WSIB levies penalties (employers) or withholds benefits (workers) until compliance is met;



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WORKER OBLIGATIONS

- Provide the WSIB any information deemed necessary for the adjudication or management of the claim;
- Comply with treatment deemed necessary and examinations selected and paid for by the WSIB;
- Report to modified work when duties offered are deemed safe and suitable;
- Report any material change to your circumstances to the WSIB within 10 days.

WSIB DECISIONS AND APPEALS

- Initial decisions to approve or deny a claim are made by WSIB Adjudicators and, once the claim is approved, decisions regarding ongoing entitlement are made by Case Managers;
- Workers and employers may object to any decision made by the WSIB by requesting a reconsideration;
- If the WSIB maintains its decision, the matter is referred to the Appeals Branch of WSIB;
- The Appeals Branch provides two methods of resolving a dispute:
 - Hearings in writing are recommended to resolve simple issues quickly;
 - Oral hearings are recommended to resolve more complex issues.
- Should the appeal be unsuccessful, there is a second level of appeal outside of the WSIB through the Workplace Safety & Insurance Tribunal (WSIAT).
- If you require assistance with the decision made on your claim or have any questions, contact LiUNA! Care 183 Member Health Management Services

The information provided above is general WSIB information only. Detailed information regarding WSIB policies, benefits, and services can be found on their website at wsib.on.ca or at 416-344-1000 / 1-800-387-0750.

OTHER IMPORTANT INFORMATION

- Health Management Services will endeavour to notify you of any potential benefit(s) or service(s) you may be eligible to receive which would be of assistance to you or your eligible dependents. Nonetheless, please refer to Benefits Booklet for information regarding benefits and services offered by the Plan.
- If you sustain a workplace accident, you and your eligible dependents will remain covered for the Plan's benefits and your hour bank will be frozen for a maximum period of 12 months from the date of disability while in receipt of WSIB benefits under the Workplace Safety and Insurance Act. Members must report their WSIB claim number and submit Proof of Acceptance of their claim by WSIB to the Administrative Agent as soon as possible. Members have one (1) year from the date of the accident to report their WSIB claim to the Administrative Agent and are to continue to remain a member in Good Standing with LiUNA! Local 183.
- Payment of monthly Union dues is your responsibility to remain in Good Standing.
- If you are Member in the Construction Sector anticipate being off work for a prolonged period, speak to the Labourer's Pension Fund for guidance on pension matters at 289-291-3663 or at 1-866-932-1100.



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MEMBER HEALTH MANAGEMENT SERVICES TEAM

LiUNA! Care 183 Health Management Services staff are Workplace Compensation and Disability Management Specialists who work closely with you and your Legal Representative to

- Explain WSIB benefits, services, and policies;
- Assist Members in securing documentation requested by WSIB;
- Ensure appropriate medical care is being provided focused on recovery;
- Correspond with your physician and health professionals to monitor your progress, fitness for work, and accommodation needs;
- Determine the need for expedited assessments and care during the recovery period;
- Participate in return to work meetings called by WSIB to ensure modified work is medically safe;
- Ensure adverse WSIB decisions are provided to your Legal Services Provider for review;
- Assist your Legal Services Provider in securing documentation for the preparation of any appeals or reviews;

Health Management Staff are multilingual and provide services in a variety of languages.

Mr. Nick Montesano is a Licensed Paralegal with the Law Society of Upper Canada. Over the last 25 years, Mr. Montesano's focus has been occupational injuries and has been responsible in preparing and presenting appeals at various Workers' Compensation jurisdictions across Canada. As a Legal Representative, Mr. Montesano assists LiUNA! Local 183 Members by

- Providing advice with respect to a Member's legal interests, rights, and responsibilities before the WSIB;
- Reviewing and addressing WSIB decisions;
- Advising Members on the advisability and methods for appealing an adverse WSIB decision;
- Filing objections and/or appeals, both at WSIB and WSIAT, and responding to employer appeals;
- Appear before the WSIB or WSIAT to present a Member's appeal or respond to an employer's appeal on behalf of a Member.

Member Health Management Services and Legal Services are provided free of charge to all LiUNA! Local 183 Members who sustain workplace accidents while working for a LiUNA! Local 183 employer and who are in Good Standing with LiUNA! Local 183. In order to continue receiving this service, you must remain in Good Standing with LiUNA! Local 183.

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LOCAL 183

WSIB Claim Information & Authorization Form

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AUTHORIZATION FOR RELEASE OF INFORMATION

If you sustained an injury at work or you developed a work-related medical condition a claim must be made to Workplace Safety & Insurance Board (WSIB). Please complete the following information, review the Member obligations and sign the authorization portion.

Member Information				
Last Name	First Name			
Address		Date of Birth		
Town/City Provin	nce Postal Code	Union ID Number		
Email Address		Accident Employer		
Telephone Number	Cell Phone Number	WSIB Claim Number(s)		
WSIB Claim Information				
Date & Time of Accident	Did you Lose Time from Work?	Date Applied for WSIB		
Data of Opent of Symptome	First Medical Attention Date	First Day Unable to Work		
Date of Onset of Symptoms	First Medical Attention Date	First Day Unable to Work		
Return to Work Date (Full Duties)	Return to Work (Modified)	Family Physician Name		
Member Obligations				
A Member of LiUNA! Local 183 with a Workplace Safety & Insurance Board (WSIB) claim, or pursuing WSIB entitlement, requesting assistance from LiUNA! Care 183 – Member Health Management Services is required comply with the following obligations:				
• Provide Health Management Services any information requested to assist WSIB in the assessment and management of your claim;				
 Comply with treatment prescribed or recommended by your physician(s) or health professional(s); 				
 Attend assessments and treatments the WSIB coordinates and considers appropriate; 				
Arrange treatment sessions outside of work hours;				
 Keep original receipts and log of any out-of-pocket expenses; 				
Complete and provide functional abilities forms as requested by your employer;				

- Comply with early and safe return to work by accepting work that is safe and suitable;
- Report any material changes in your circumstances within 10 days;
- Mitigate your circumstances by obtaining treatment focused on recovery and looking for alternate and suitable work.

If you have any questions regarding the above obligations or with WSIB policy and benefits, consult with LiUNA! Care 183 - Member Health Management Services and ensure you follow the advice and direction of your Legal Representative. Failure to comply with the above obligations or not following the direction of your Legal Representative could adversely impact your claim before the WSIB.

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Member Information				
Member's Last Name	Member's First Name	Date of Birth	WSIB Claim Number	
Authorization				
I certify that the information presented is true, correct, and complete. I have read, understand and agree to comply with the above obligations while receiving assistance from LiUNA! Care 183 – Health Management Services and Nick Montesano, my Legal Representative before the WSIB.				
LiUNA! Care 183 – Member Health Management Services is administered by Benefit Plan Administrators Limited (BPA) on behalf of the Local 183 Members Benefit Fund.				
I hereby authorize BPA, administrators of the Local 183 Members Benefit Fund, and its subsidiaries, to collect, use, and exchange any and all information and documentation requested by BPA regarding or relating to my medical or mental health condition for the purpose of assessing, managing, and assisting me with my occupational injury(ies) and access to other benefits and services provided by the Local 183 Members Benefit Fund. This includes authorizing any physician, health care professional, hospital, public or private institution, the Workplace Safety & Insurance Board, my employer(s), and Union to provide to BPA any information required for the management of my claim and to coordinate my return to work. I also authorize BPA to share any and all information and documentation collected with the WSIB as requested for their assessment and management of my claim(s) and with Nick Montesano, Paralegal and Authorized Representative to Local 183 Members, for legal representation before the WSIB and Workplace Safety and Insurance Appeals Tribunal (WSIAT). All personal information will be treated in a highly confidential manner. It is understood that this authorization is valid from the date hereof through my return to work. This authorization may be withdrawn at any time upon receipt of written notification to BPA.				
Member Signature	Date			
Please complete and return this form to LiUNA! Care 183 – Member Health Management Services				

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