LiUNA! care
LOCAL 183
BUILDING HEALTHY FUTURES

WORKPLACE SAFETY INSURANCE BOARD (WSIB) INFORMATION FORM

Send to: LiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2
P: 416.240.7487 | F: 416.240.7488 | w: www.liunacare183.com | e: info@liunacare183.com

A Member Information (Please Print)

Last Name First Name	Gender ☐ Male ☐ Female
Address	Birth Date (yyyymm/dd)
Town/City Province Postal Code	
Union ID **OR** Social Insurance Number (SIN)	Country
Email Address	Telephone No.
Marital Status ☐ Married ☐ Common-Law ☐ Single ☐ Separated ☐ Divorced ☐ Widow	Cell No.

B Claim Information (Please Print)

W.S.I.B. Claim No. : _____

Company Name: _____

Name of Employer : _____

Location of Accident: _____

Date of Accident: _____

C Employer Disclosure Authorization

Please complete and return this form with your monthly remittance to:

LiUNAcare Local 183
C/O Benefit Plan Administration Limited
205 - 1263 Wilson Ave.
Toronto, ON, M3M 3G2

*Failure to send this form in may result in your employee being denied fund assistance.

Employer Name: _____ Date: _____
(Print Name)

Employer Signature: _____ Witness: _____

Please complete, print, sign, and return by fax at 416.240.7488 **OR** email to info@liunacare183.com