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 | Date of Birth (yyyy/mm/dd) |
| Town/ City Prov. Postal Code | Country |
| Member Advantage Benefit Card ID Number (last 10 digits) | *Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID* |
| Email Address | Phone # |
| Marital Status ☐ Married ☐ Common-Law ☐ Single ☐ Separated ☐ Divorced ☐ Widow | Cell # |

## 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