



**I am responding to the request to reconsider/clarify WSIAT/WCAT Decision No.**

## 1. RESPONDENT INFORMATION

Name of Respondent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I would like the Tribunal to communicate with me in:  English  French

## 2. PARTICIPATION

I oppose the reconsideration request.  Yes  No

I intend to participate.  Yes  No

If "No", no further correspondence will be sent until a decision has been issued.

## 3. REPRESENTATION

I am going to represent myself:  Yes  No

**OR** I am trying to get a representative to help me with this request:  Yes  No

**OR** I have a representative and this is their information:

Representative's Name: \_\_\_\_\_

LSO Category (Choose One):  Lawyer  Paralegal  Exempt

Name of Company, Association, or Organization: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 4A. WORKER'S CONSENT TO RELEASE INFORMATION

I agree to release this form and all information that is needed to determine this request for reconsideration/clarification to the Tribunal, my representative, to any other party who may be affected by this request, and to that party's representative  Yes  No

If no, the Tribunal will contact you before releasing any information. As you know from your hearing, the other party generally has the right to get relevant information.

## 4B. EMPLOYER'S UNDERTAKING OF CONFIDENTIALITY

I agree that I and any representative I appoint will not disclose any documents in the worker's claim file or related claim files or any information forwarded to me by the Tribunal or by the worker in connection with a reconsideration/clarification to a non-party, except in a form calculated to prevent the information from being identified with a particular worker or case. I agree to use all information for workplace safety and insurance purposes only.

## 5. REASONS FOR OPPOSING THE RECONSIDERATION REQUEST\*

**\*Important – Read the [Practice Direction: Reconsiderations](#) before completing Part 5.**

Please explain why you think the decision should not be reconsidered/clarified. You may upload extra pages.

The Tribunal may also look at the material from any previous related Tribunal proceedings. Please e-file anything else that you want the Tribunal to consider.

All information provided on this form is a full, true statement of the facts related to this response and I have not left out any information which I think would be important to this response.

I have kept a copy of this Reconsideration/Clarification Response and related uploaded attachments for myself.

Signature:  (Please type your first and last name)

Date  (dd/mm/yyyy)  *By checking this box, I understand and agree that my typewritten name and date represent my legal signature*

If employer, indicate job title: \_\_\_\_\_

**Notice:** Information on this form is collected to be utilized in proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, as amended and will be included in the WSIAT file and provided to the WSIB when the file is returned to the WSIB. This information will only be utilized for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Records Management Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 416-314-1787 (TTY).