



Workplace Safety and Insurance Appeals Tribunal
505 University Avenue 7th Floor
Toronto, ON M5G 2P2
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TTY: (416)314-1787
Toll-free within Ontario: 1-888-618-8846
Web Site: www.wsiat.on.ca

Worker Change of Address Form

Please complete the form below and fax or mail it to the Workplace Safety and Insurance Appeals Tribunal, 505 University Avenue, 7th Floor, Toronto, Ontario, M5G 2P2. Fax: 416 326-5164

Name: _____ WSIAT File No.: _____

OLD CONTACT INFORMATION:

Name:* _____

Street Address:* _____

City:* _____

Province:* _____

Country: _____ Postal Code:* _____

Telephone: _____ Fax: _____

NEW CONTACT INFORMATION:

Effective Change of Date:* dd / mm / yyyy

Name:* _____

Street Address:* _____

City:* _____

Province:* _____

Country: _____ Postal Code:* _____

Telephone: _____ Fax: _____

Signature:* _____ dd / mm / yyyy
Date

* **Indicates mandatory field.**

NOTICE: Information on this form is collected for the purpose of proceedings with respect to the *Workplace Safety and Insurance Act, 1997*, S.O. 1997, c. 16, Schedule A. In some cases, it may be necessary for the Tribunal to collect additional information related to the matter. All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997*, sections 102, 123, 124, 129, 132 and 134. Questions about the collection of information should be directed to the Privacy Coordinator, Workplace Safety and Insurance Appeals Tribunal, 505 University Ave., Toronto, Ontario M5G 2P2 (416) 314-8800.