



Workplace Safety and Insurance Appeals Tribunal
505 University Avenue 7th Floor
Toronto, ON M5G 2P2
Tel: (416)314-8800; Fax: (416)326-5164
TTY: (416)314-1787
Toll-free within Ontario: 1-888-618-8846
Web Site: www.wsiat.on.ca

Representative and Employer Change of Address Form

Please complete the below.

Name and WSIAT File Number (if more than one, attach list): _____

List of cases e-filed: ☐ No ☐ Yes

OLD CONTACT INFORMATION:

Name*: _____

Organization: _____

Street Address*: _____

City*: _____

Province*: _____

Country: _____ Postal Code*: _____

Telephone: _____ Fax: _____

NEW CONTACT INFORMATION:

Effective Change of Date (dd/mm/yyyy)*: _____

Name*: _____

Organization: _____

Street Address*: _____

City*: _____

Province*: _____

Country: _____ Postal Code*: _____

Telephone: _____ Fax: _____

☐ This is my new mailing address ☐ Organization's new address ☐ Both

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

* **Indicates mandatory field.**

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).