



**Workplace Safety and Insurance Appeals Tribunal**

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# WSIAT E-Share Service Consent Form

The Workplace Safety and Insurance Appeals Tribunal (WSIAT) can send appeal information to you using a cloud based, secure file sharing program.

By agreeing to receive information this way, you will receive your documents faster, letting us help you more quickly.

By filling out this form, you are agreeing that:

- You give the WSIAT permission to send appeal information to the email address you provide
- You understand and accept the risks of electronic communication; risks may include, but are not limited to, emails being misdirected or received by an unintended recipient, intercepted, altered or forwarded without detection, or introducing viruses into computer systems. Appeal information may include confidential claim information including, but not limited to, medical information and decisions relating to benefits
- You will store the information securely
- You will securely destroy the information when you no longer need it.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Role :      Worker       Worker Representative       Employer       Employer Representative

Other (specify) \_\_\_\_\_

1. Email Address where information will be sent: \_\_\_\_\_

2. Phone Number to receive PIN code to access the information: \_\_\_\_\_  
(Telephone numbers with extensions will not be able to receive PIN codes)

*Please note both pieces of information are needed to set up your E-Share*

If you do not have a direct telephone line, please check this box so that we can contact you to discuss other arrangements

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.*