



Workplace Safety and Insurance Appeals Tribunal
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Hearing Expense for Teleconference and Videoconference Claim

Injured Worker's Name: _____ WSIAT No. _____

Type of Hearing: Teleconference Videoconference Hearing Date: _____ Time: _____

1. PAYEE INFORMATION

Name of Person Claiming Expenses: _____

Address: _____ Postal Code: _____

City/Town: _____ Province: _____ Phone: _____

2. OUT OF POCKET EXPENSES FOR HEARINGS

A) TELEPHONE

Note: The Tribunal will reimburse injured workers and their witnesses, and survivors of deceased workers and their witnesses, for actual expenses incurred for telephone charges associated with attending a teleconference or videoconference hearing.

By checking this box, I certify that I do not have access to unlimited telephone/calling minutes, whether through a land-line or a cell-phone, and that I am claiming this expense actually incurred by me or on my behalf.

Amount claimed for telephone usage: _____ *[Please upload the bill/receipt which confirms the expense/charge. You may redact any information not relevant to the telephone cost associated with the hearing.]*

B) INTERNET/DATA

Note: The Tribunal will reimburse injured workers and their witnesses, and survivors of deceased workers and their witnesses, in the amount of \$5.50 per hour spent participating in a videoconference hearing.

By checking this box, I certify that I do not have access to unlimited high speed wired or wireless (3G or 4G/LTE) internet, and that I am claiming this expense as actually incurred by me or on my behalf.

Time spent in the videoconference hearing: _____ hours _____ minutes *[Claims will be reimbursed based on rounding up to the nearest half-hour.]*

C) COMMENTS

Note: If you incurred additional expenses related to the teleconference or video conference hearing, please explain here, and upload any supporting documentation.

3. ATTENDANCE BY INJURED WORKER OR WITNESS AT THE HEARING

Note: if you lost wages when you attended the hearing as a party or a witness, you may receive a maximum of \$55.48 for a half-day and \$110.96 for a full day of lost wages. Any amounts sent with a summons will be deducted.

Did you lose wages on the hearing day(s)? Yes No How many hours? _____

4. OPTION FOR DIRECT DEPOSIT

I would like to be reimbursed via direct deposit: Yes No *If you answered yes, please complete and upload the Application for Direct Deposit form.*

5. SIGNATURE OF PERSON CLAIMING EXPENSES

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*

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Witness fee (if loss of wages occurred): Half Day: \$55.48; Full Day: \$110.96 Amount Allowed: _____

Approved by: _____ Total Amount to be Paid to Payee: _____

Title: _____ Date _____ (dd/mm/yyyy)

NOTICE: Information on this form is collected in connection with proceedings before the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information on this form is collected pursuant to section 133 of the Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, as amended. This information will only be utilized to allow for the processing of the WSIAT's payment of expenses as related to workplace safety and insurance matters. 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).