



Worker Change of Address Form

Please complete the below form electronically and e-file it via the e-filing application available on wsiat.on.ca.

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: _____ (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).