

# Tip Sheet: Completing Form 7

## Before you begin:

- If completing the form by hand, please use black ink.
- Please avoid using any abbreviations.
- If you require additional space, you may use a separate sheet of paper and attach it to the form.
- Be sure to provide a copy of Form 7 to your worker when submitting a copy to the WSIB.
- If you attach any documents to the form, it is considered a part of the form. When providing a copy to the worker, the attachments must be included.

## Section A- Worker Information

**Worker's name:** Please write the worker's last name followed by their first name.

<b>Social:</b>	XXXXXX
<b>Insurance:</b>	XXXXXX
<b>Number:</b>	XXXXXX
<b>XXX-XXX-XXX</b>	

**Worker's social insurance number (SIN):** SIN number is needed to ensure that the form is submitted under the correct individual as the claim number is not provided to the employer until after a claim has been established. If you have been provided with a claim number, please write the number on the box in the top right-hand corner under the box "Claim Number".

**Worker's preferred language:** Please write the worker's preferred language. If a preferred language is not listed, the Board will by default provide their services in English.

**Worker's date of birth:** Please write the worker's date of birth in the order Date/Month/Year.



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## Section A- Worker Information



**Worker reference number:** The Board does not require this number. It is there for the employer's own internal tracking purposes only.

**Length of time in this position while working for you:** Length of time in this position while working for you: Please do not write the length of time the worker has been working for your business, rather write the length of time the worker has been performing the job they were injured at.



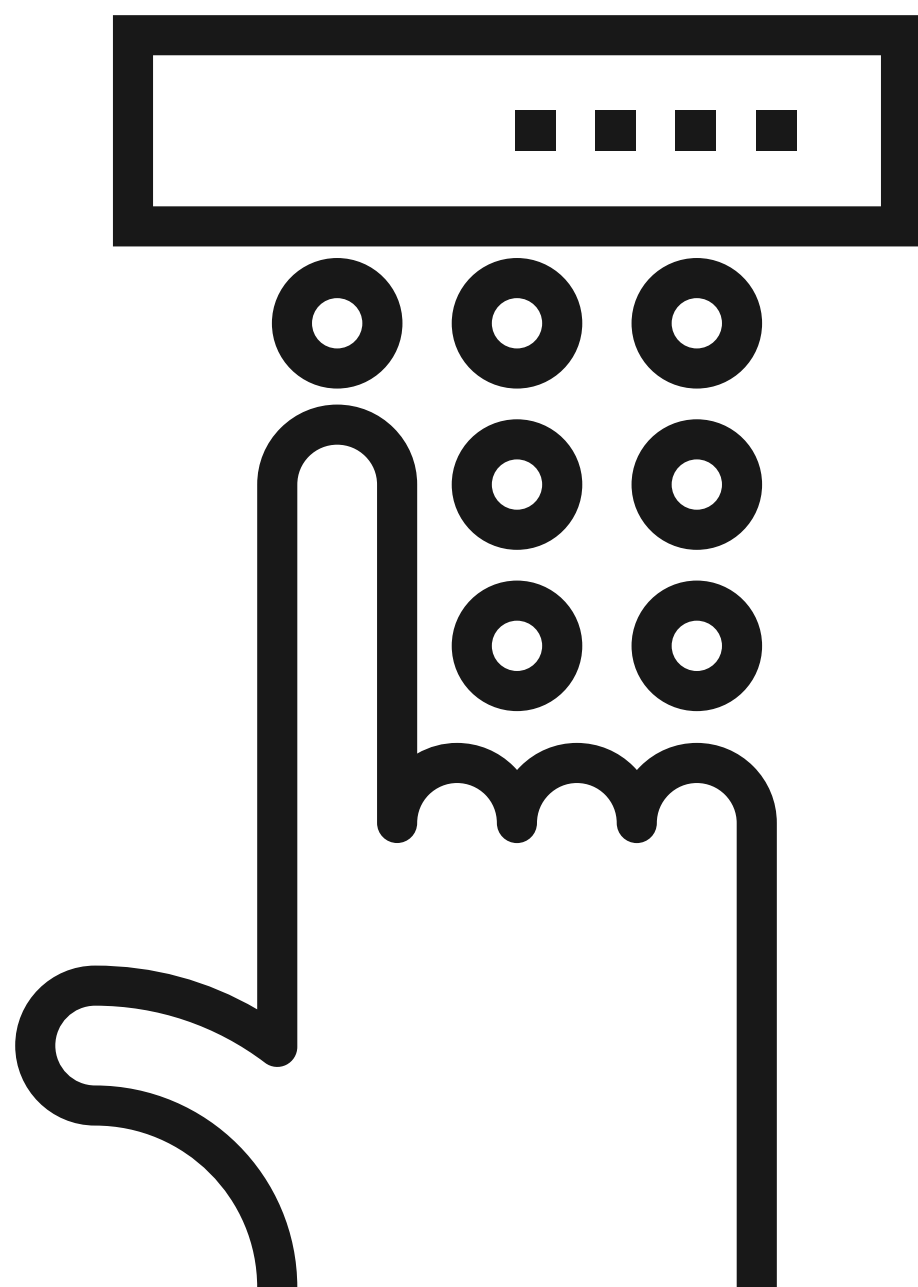
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## Section B- Employer Information

Please keep in mind that your trade name may vary from your legal business name. Please be sure to provide both in the form

**Firm Number:** is a 6–8 digit number. It may have numbers and letters and is used to identify and track accident costs for both Schedule 1 and Schedule 2 employers and to bill Schedule 2 employers.

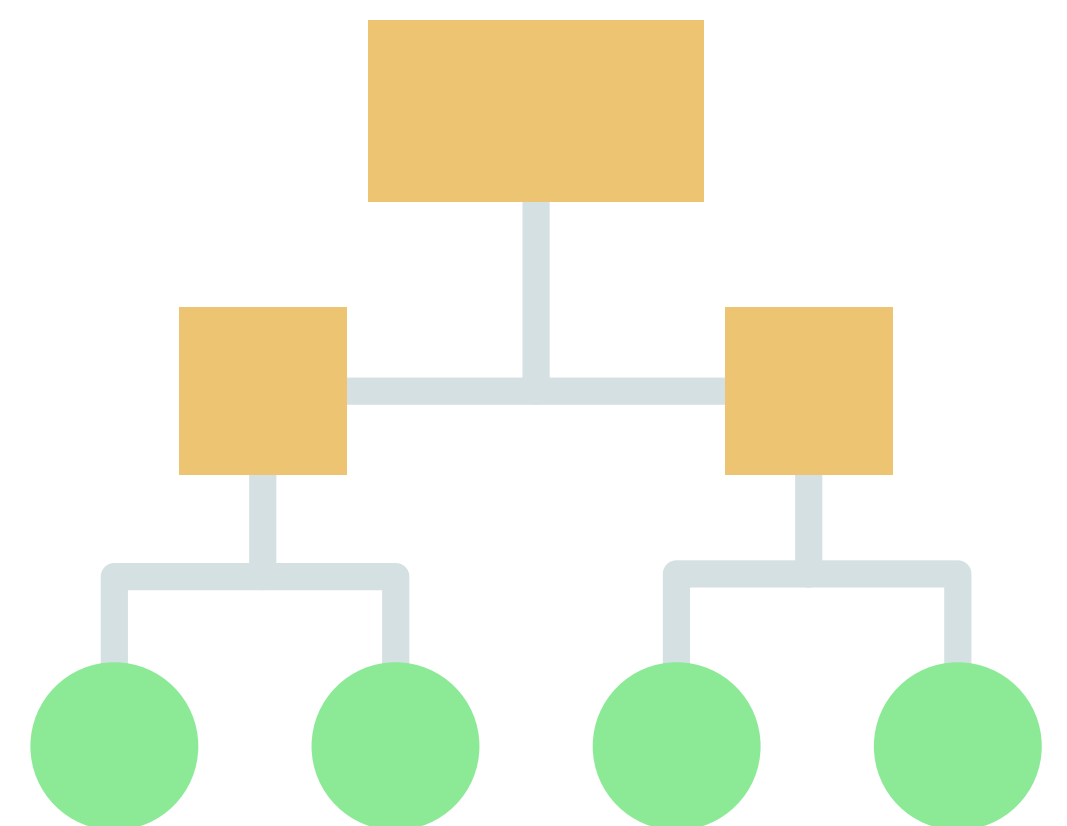
For Schedule 1 employers, this number appears on the top right corner of your Premium Remittance Statement. For Schedule 2 employers, this number appears on the top left corner of your Monthly Statement.



**Account Number:** is a 7-digit number (with numbers only) and is used to identify and bill Schedule 1 employers. This number appears on the top right corner of your Premium Remittance form.

Many employers have several account or firm numbers, depending on the type of business they conduct. Providing the correct number that is associated with the worker will ensure that the claim is charged to the correct employer, minimizing problems in the future.

**Class, sub-class and NAICS code:** Please write your business class or subclass. If you have more than one Class or Subclass, choose the one associated with the business activity the worker was engaged in when they were injured or became ill. If you are not sure of this information, you may contact the WSIB for assistance.



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## Section B- Employer Information

Please keep in mind that your trade name may vary from your legal business name. Please be sure to provide both in the form

**NAICS code:** NAICS stands for the North American Industry Classification Standard. Employers are assigned one or more NAICS codes depending on their business activity (or activities). If you have more than one NAICS code, select the code associated with the business activity the worker was engaged in when they were injured or became ill. If the worker was engaged in an ancillary (i.e., incidental) activity, for example administration, write the NAICS code that corresponds to the highest proportion of your insurable earnings. If you are not sure of this information, you may contact the WSIB for assistance.

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## Section C- Accident/Illness Dates and details

**Date and hour of accident/awareness of illness:** This may be either a specific date and time such as a chance event or the date and time when the worker claims they first started to notice a problem for a gradual onset-type injury.



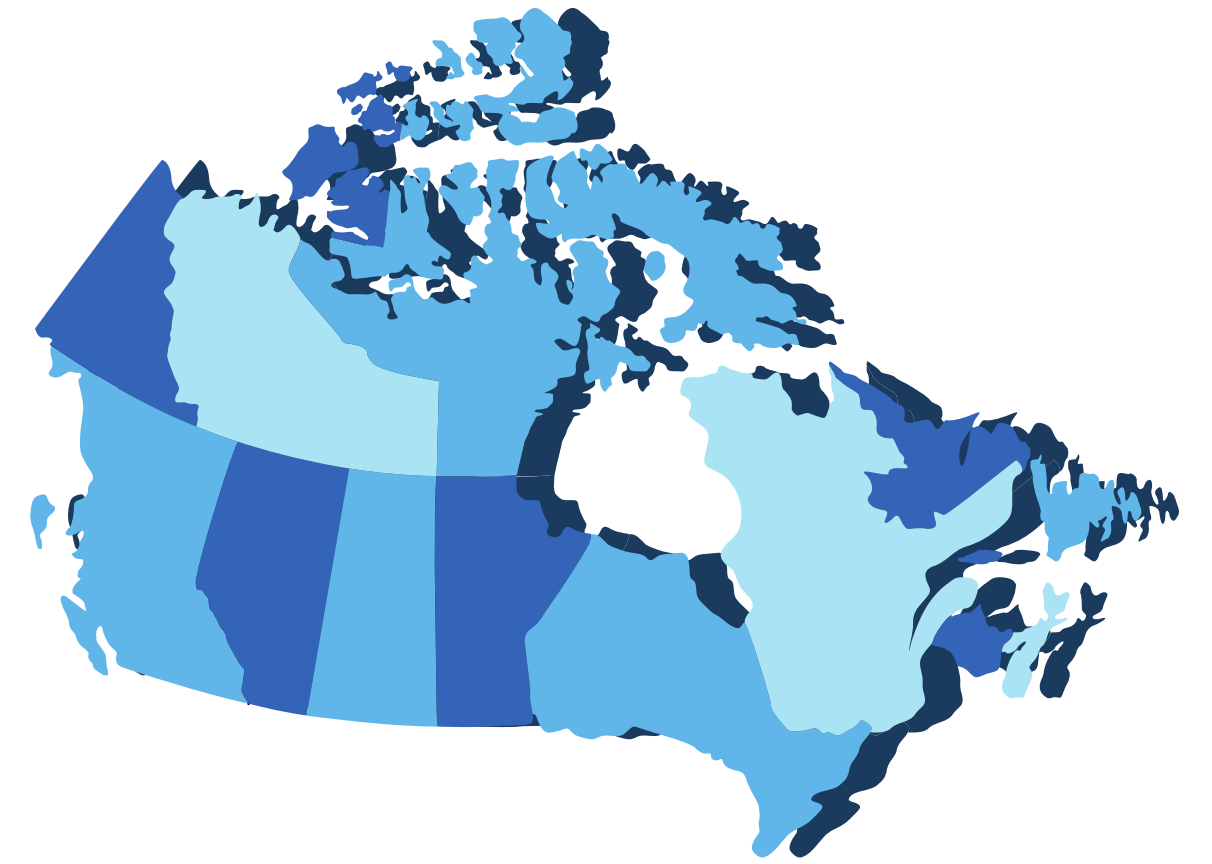
**Date and hour reported to employer:** Please write the date and time you were notified of the accident/injury. Be sure to provide accurate date and time as this section is used to determine whether you are reporting the accident/injury within the time limit listed in the Workplace Safety and Insurance Act, 1997, (WSIA) and WSIB Policy 15-01-02.

**Area of injury (body part):** Please check off the area(s) of the body that were impacted from the accident. If there is an area of injury that is not listed, check off the box titled “other” and write the specific area that was impacted on the date of accident.



## Section C- Accident/Illness Dates and details

**Did the accident/illness happen outside the Province of Ontario?:** If the accident occurred outside of Ontario, the worker may have the option of claiming benefits in Ontario through WSIB or outside the province where the accident occurred. They may need to complete an election form to confirm their choice. The worker has three months from the day of accident to submit the election form.



**Was any individual who does not work for your firm partially or totally responsible for this accident/illness?:** If a 3rd party was negligent/responsible for the accident/illness, please write their contact information and the WSIB will contact them to gather additional information. The WSIB may investigate to determine whether the accident employer is entitled to transfer of costs under WSIB Policy 14-05-01.

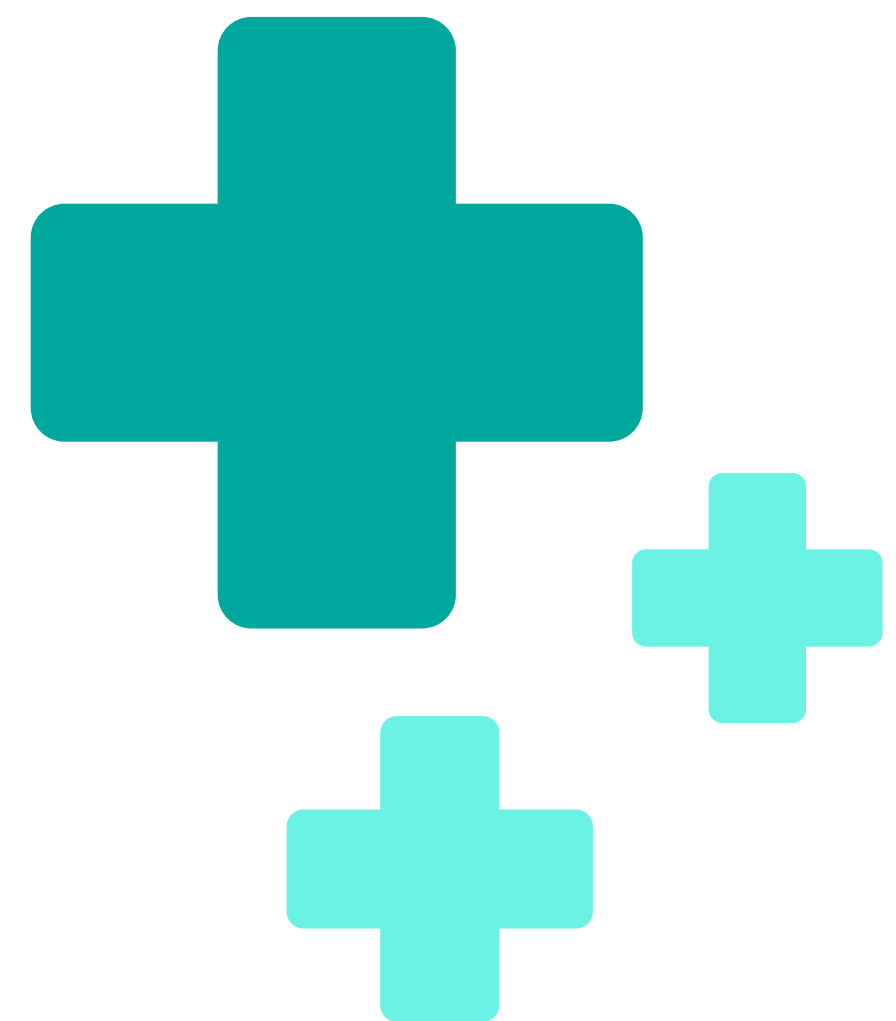
**Are you aware of any prior similar or related problem, injury or condition?:** If you are aware of a pre-existing condition(s) of the worker, please write the condition/illness in this box. The Board may investigate to determine whether the accident employer is entitled to cost relief under WSIB Policy 14-05-03.

**If you have concerns about this claim, attach a written submission to this form:** If you have concerns about the claim, check the box in section C 12 for “submission attached” and attach a submission explaining your concerns.

## Section D- Health Care

**When did the employer learn that the worker received healthcare:** Please write the date the accident employer was initially notified that the worker sought health care. This information will allow the WSIB to determine if the employer has met their initial accident reporting obligations. For further details on employer's reporting obligations, please refer to WSIB policy [15-01-02](#).



## Section E- Lost Time



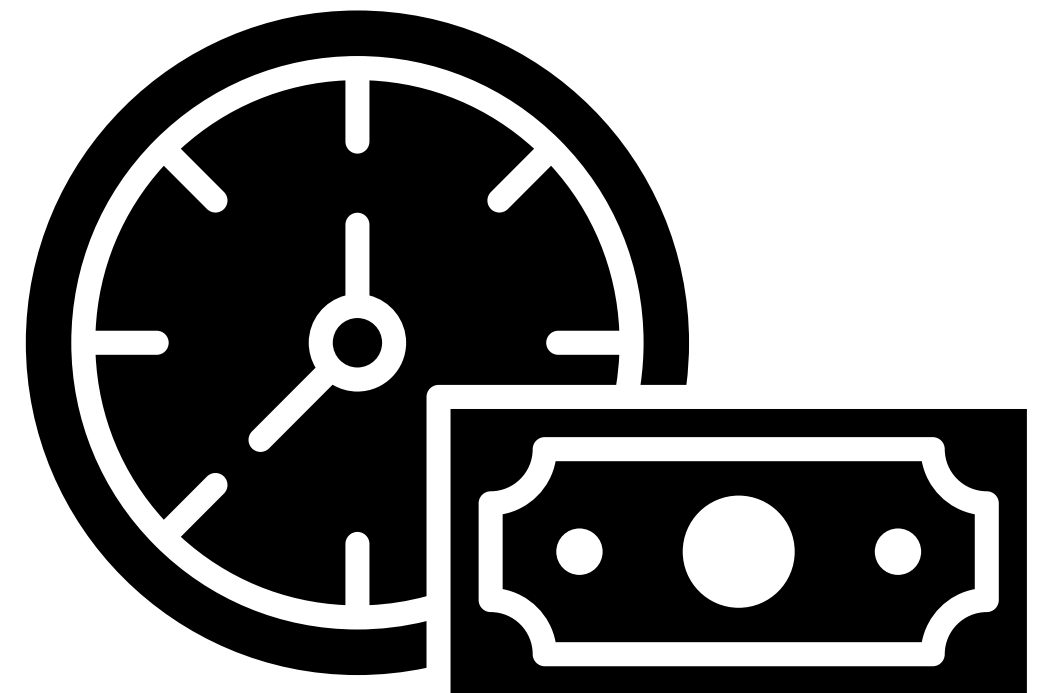
- If the worker did not lose time/earnings and has returned to work on regular duties, please complete sections G and J.
- If the worker has returned to work on modified duties and did not lose time from work, please complete sections F, G and J.
- If the worker has lost time/earnings, please complete all remaining sections.

## Section F- Return to Work

- To confirm the worker's current limitations, the employer may provide a Functional Abilities Form (FAF) to the worker and request that they have it completed by their doctor.
- If a modified work offer has been made, attach a copy of the written offer to the form.

## Section G – Base wage/employment information

**Regular rate of pay:** Please write the worker’s gross pay at the time of the accident or illness. The rate should not include any bonuses, premiums or differentials.



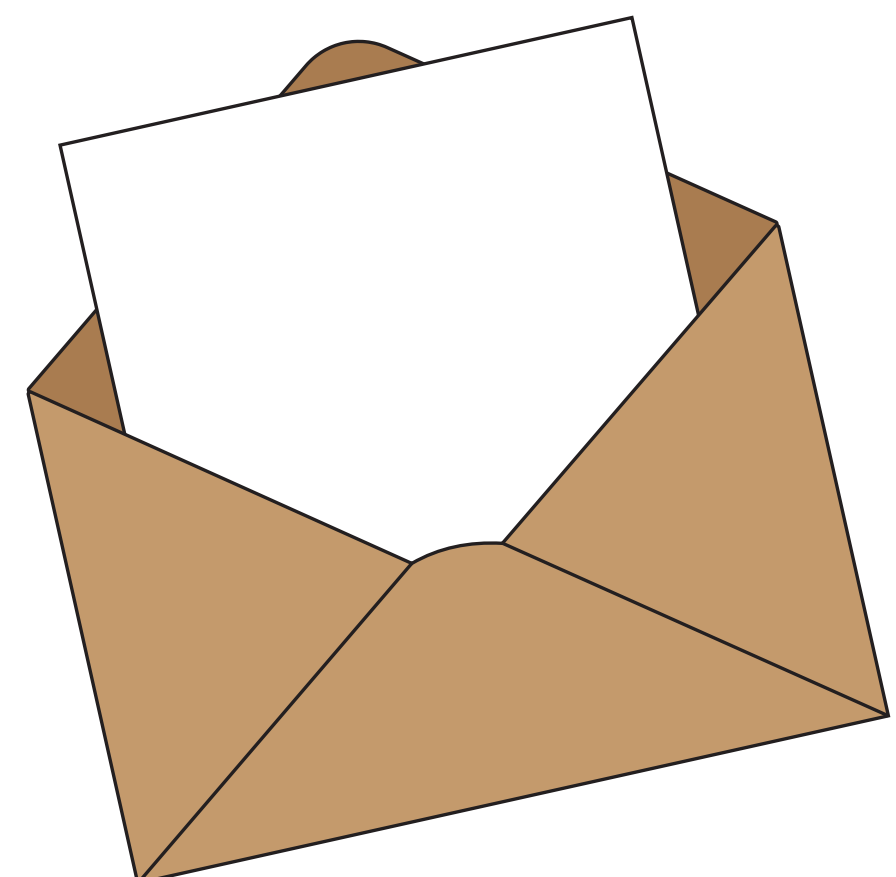
## Section H – Additional wage information

The WSIB needs the worker’s complete earnings information to determine any loss of earnings (LOE) benefit the worker may be entitled to.



- **Net claim code or amount:** The WSIB needs the federal or provincial net claim code for exemption, or net claim code to calculate the workers benefit rate.
- The information requested in questions 3-6 is used to determine when payment of LOE should start.

- **Advances on wages:** If you choose to directly compensate the worker for lost time, please complete section H7. For further details on employer advances, please refer to WSIB Policy 18-01-11.
- WSIB Fact Sheet on “Reporting Earnings for Workers with Irregular Hours/Work Days” is available on the WSIB’s website.





## Section I – Work schedule

- Complete either A, B, or C.
- Please do not include any overtime shifts.
- WSIB Fact Sheet on “Reporting Earnings for Worker’s with Varied Work Patterns” is accessible on the WSIB’s website.



## Section J – Employer declaration



- The individual completing the form on behalf of the employer is required to provide their name and contact information in section J.
- Sign and write the date of completion of the form.
- The WSIB may contact this person to confirm or clarify information listed in the form.
- The WSIB may contact the person to obtain any missing or addition information.

## Section K- Additional Information

- If you have any issues regarding the claim or the injury, you may use this section to outline your concerns. If you have supportive documentation, you may attach it to the form.
- If you run out of space to write, you may use another sheet of paper and attach it to the form.

## Checklist

- Make sure and supporting documentation for information listed in Section K is attached to the form.
- If you use another separate sheet(s) of paper to provide more information, make sure you attach that to the form.
- If you offered modified work, attach the offer to the form.
- Make sure you provide a copy of the form with any attachments to the worker.
- Make sure you receive or request a copy of the Form 6 and page 2 of the Form 8 from the worker.
- Make sure you submit the Form 7 within 3 business days of learning of the reporting obligation! You can submit the Form 7 to the WSIB by mail or through the WSIB's online services. To ensure the WSIB receives your form on time, we suggesting submitting it online.

