LiUNA! LOCAL 183
TRUST ADMINISTRATION

Workplace Safety Insurance Board (WSIB) Information Form

Submit to: LiUNA Local 183 Trust Administration | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 | Tel: (416) 240 – 7487 | Toll Free: 1 – 888 – 790 – 3534

A. Member Information (Please Print)

Last Name First Name	Gender ☐ Male ☐ Female
Address	Birth Date (m/d/y)
Town/City Province Postal Code	
Union ID **OR** Social Insurance Number (SIN)	Country
Email Address	Telephone No.
Marital Status ☐ Married ☐ Common-Law ☐ Single ☐ Separated ☐ Divorced ☐ Widow	Cell No.

B. Claim Information (Please Print)

W.S.I.B. Claim No. : _____

Company Name: _____

Name of Employer : _____

Location of Accident : _____

Date of Accident : _____

C. Employer Disclosure Authorization

Please complete and return this form with your monthly remittance to:

Local 183 Trust Administration
C/O Benefit Plan Administration Limited
1263 Wilson Avenue, Suite 205
Toronto, ON, M3M 3G2

*Failure to send this form in may result in your employee being denied fund assistance.

Employer Name: _____ Date: _____
(Print Name)

Employer Signature: _____ Witness: _____

Please complete, print, sign, and return by fax: (416) 240-7488 ***or*** by email at info@183membersbenefits.ca