LiUNA! care LOCAL 506 TM
BUILDING HEALTHY FUTURES

WORKPLACE SAFETY INSURANCE BOARD (WSIB) INFORMATION FORM

Send to: LiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6
P: 416.506.8841 | F: 416.506.8833 | w: www.liunacare506.com | e: info@liunacare506.com

A Member Information (Please Print)

First Name Last Name	Gender ☐ Male ☐ Female
Address	Birth Date (yyyymm/dd)
Town/City Province Postal Code	
Member Advantage Benefit Card ID (last 10 digits) **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:

LiUNAcare Local 506
ATTN: Administration
3750 Chesswood Drive - Suite 1
Toronto, ON M3J 2W6

*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 at 416.506.8833 **OR** email to info@liunacare506.com