



[Address]

**RE: Process for Workplace Safety and Insurance Board Coverage**

4700 KEELE ST  
TORONTO ON  
CANADA M3J 1P3

The Ministry of Advanced Education and Skills Development (MAESD) has implemented a new streamlined process for students enrolled in an approved Ontario university program that requires them to complete placements in the workplaces as part of their program of study.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form. Placement Employers and Training Agencies (universities) are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each placement that is part of the student's program of study in order to be eligible for WSIB coverage. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that universities will be required to enter their MAESD-issued Firm Number in order to complete the online claim form.

The new form has been posted on the Ministry's public website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E> (English) or

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWF&TIT=1352F&NO=022-13-1352F> (French)

Please note that all WSIB procedures must be followed in the event of an injury/disease. York University will keep the signed original of the placement letter on file and ensure that the Practicum Centre has a copy.

Yours truly,

[Insert name and title]



**Declaration**

By signature of an authorized representative here under we confirm our commitment to immediately report any workplace injuries or disease to the student's university.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution**

A copy with the original signature is to be returned to York University and a copy is to be kept by the Practicum Centre.

EXAMPLE

**STUDENT INFORMATION**

**Student Name:**

**Student Number:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Phone number:**

**Email:**

**Re: Student Declaration of Understanding  
 Workplace Safety and Insurance Board or Private Insurance Coverage  
 Students on Program Related Placements**

**Student coverage while on placement**

The government of Ontario, through the Ministry of Advanced Education and Skills Development (MAESD), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study. MAESD also provides private insurance to students should their unpaid placement required by their program of study take place with an employer who is not covered under the *Workplace Safety and Insurance Act*.

Furthermore, MAESD provides limited private insurance coverage for students in Ontario publicly supported postsecondary programs whose placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions).

Yours truly,

[Insert name and title]



**Declaration**

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Advanced Education and Skills Development requirement and Universities while I am on a placement as arranged by the university as a of my program of study.

I understand the implications and have had any questions answered to my satisfaction.

Student name (print): \_\_\_\_\_

Student signature: \_\_\_\_\_

Program/School: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian's Signature (for student less than 18 years of age)

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EXAMPLE