



Local 115 IBEW  
Health & Welfare and Pension Trust Funds  
40 Binnington Ct.  
Kingston, ON; K7M 8S3  
Phone: (613) 547-4115  
Fax: (613) 547-1678  
Email: mcotman@kos.net  
Website: www.Ibew115.on.ca

Date:

Worker's Safety & Insurance Board  
Via facsimile  
Original via mail

Dear Sir/Madam,

**Authorization and Release -**

Name: \_\_\_\_\_ WSIB Claim # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize any representative of Local 115 IBEW to represent me in any matters pertaining to my claim for Workers Safety and Insurance benefits with regard to the above-mentioned claim number.

I authorize my employing Contractor to forward all copies of any correspondence with regard to my work-related injury to IBEW Local 115 immediately.

I also understand I may request a complete copy of my WSIB case file under the Freedom of Information and Privacy if needed.

Act. Please forward this file to Local 115 IBEW at the following address:

Ms. Michelle Cotman; WSIB Representative  
40 Binnington Ct.; Kingston, ON K7M 8S3

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date