



Hearing Expense Claim Form

(Ce document est aussi disponible en français)

Instructions

Workers, their survivors, and their witnesses, can claim expenses for attending and participating at a WSIAT hearing. Fill out this form to claim these expenses.

1. Review our [Practice Direction #39 – Fees and Expenses](#) and [WSIAT Table of Rates](#).
2. Send us this form with your receipt(s).

Call us if you have questions about this form. Our Call Centre is open Monday to Friday 8:30 a.m. to 5:00 p.m.

Call Centre	416-314-8800
Toll-free in Ontario	1-888-618-8846
TTY	Call 711 for Relay Services

1. Hearing Information	
WSIAT #	
Name of injured worker	
Hearing Date (dd/mm/yyyy)	
2. Payee Information	
Name of person claiming expenses	
Street Address	
City, Province, Country	
Postal Code	
Phone #	
Email Address	
My role in the hearing was	<input type="checkbox"/> the worker. <input type="checkbox"/> the worker’s witness. <input type="checkbox"/> the worker’s survivor. <input type="checkbox"/> other – please explain _____
I participated in the hearing in this format – please select the format	<input type="checkbox"/> videoconference <input type="checkbox"/> teleconference <input type="checkbox"/> in person – please list city name _____

2. Payee Information (continued)

I want to be paid for my expenses by – please select one

- direct deposit. I completed and included an [Application for Direct Deposit](#).
- cheque.

3. Expenses – Please complete only the section(s) that apply.

A Lost wages

The WSIAT will pay a maximum of \$70.40 for a half-day and \$140.80 for a full-day of lost wages. Any money sent with a summons will be deducted. Review our [Practice Direction #12 – Summonses and Production of Documents](#).

I lost wages to attend the hearing (only check one)

- half day (4 hours or less) \$ _____
- full day (more than 4 hours) \$ _____

B Travel expenses – receipts required

The WSIAT will pay your travel expenses only if you live outside the metropolitan area of the hearing location.

Distance traveled by car

Kilometers (km) traveled = _____ x \$0.60/km = \$ _____

Actual parking cost = \$ _____

Bus Train

\$ _____

Airplane

If you flew from outside of Ontario to an in-person hearing, we may pay for a portion. Review [Practice Direction #39 – Fees and Expenses](#).

\$ _____

C Accommodation expenses – receipts required

Hotel

\$ _____

D Meal expenses – receipts required

The WSIAT will pay up to a maximum allowance of \$75.38 per day per person.

Breakfast (\$17.40 maximum)

_____ (#) of breakfasts Cost = \$ _____

Lunch (\$24.64 maximum)

_____ (#) of lunches Cost = \$ _____

Dinner (\$33.34 maximum)

_____ (#) of dinners Cost = \$ _____

E Telephone expenses – receipts required

The WSIAT will pay actual telephone expenses for time spent participating in a teleconference/videoconference hearing. You may redact information about other charges on the receipt(s).

Certification of expense

- I did **not** have access to unlimited calling through a land-line or cellular phone.

Telephone usage charges

\$ _____

F Internet data expenses – receipts required

The WSIAT will pay \$5.50 per hour spent participating in a videoconference hearing.

Certification of expense

- I did **not** have access to unlimited high-speed wired or wireless (4G, LTE, or 5G) internet. I am claiming my actual cost.

F Internet data expenses (continued)		
Time spent in hearing	_____ (#) of hours	Cost = \$ _____
4. Other – receipts required		
<p>If you had any other expenses to attend and participate in the hearing, including equipment, please explain. The WSIAT will pay a maximum of \$50 for equipment, such as a webcam.</p>		
<p>The total cost of these other expenses = \$ _____</p>		
5. Total		
The total cost of this claim is		\$ _____
6. Certification		
<p>The above information is correct. It sets out my expenses to attend and participate in this hearing. I included all my receipts.</p>		
Signature of payee (If filing electronically, type your first and last names.)		Date (dd/mm/yyyy)
_____		_____
<input type="checkbox"/> When you file electronically, typing your name and dating this form represents your signature. Check the box to confirm you understand and agree to this.		
7. How to send us this form		
<p>Fill out, sign, and send us a copy of this form with the applicable receipts by E-File or mail.</p>		
E-File	www.wsiat.on.ca under the E-File tab	
Mail	Workplace Safety and Insurance Appeals Tribunal 500 – 505 University Avenue Toronto, ON M5G 2P2	

Collection, Use and Disclosure of Personal Information

Information on this form is collected for the proceedings of the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected in line with the *Workplace Safety and Insurance Act, 1997*. It may be included in the WSIAT file and shared with parties of record of the appeal. This information will only be used for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Freedom of Information and Privacy Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 711 for Relay Services (TTY).

For Office Use Only – Do Not Write Below This Line

Expense	Amount
3A Lost Wages amount allowed =	\$
3B Travel expenses amount allowed =	\$
3C Accommodation expenses amount allowed =	\$
3D Meal Expenses amount allowed =	\$
3E Telephone Expenses amount allowed =	\$
3F Internet Expenses amount allowed =	\$
4 Other Expenses amount allowed =	\$
Total Amount to be Paid to Payee =	\$

Approved by _____

Title _____

Signature _____

Date (dd/mm/yyyy) _____