

## Appendix B

### Letter to Placement Employers

#### **Process for Workplace Insurance Claims for Postsecondary Students on Unpaid Work Placements**

The Government of Ontario, through the Ministry of Advanced Education and Skills Development (MAESD), pays the WSIB for the cost of benefits provided to Student Trainees enrolled in an approved program at Mohawk College and participating in unpaid work placements with employers who are either compulsorily covered or have voluntarily applied to have Workplace Safety and Insurance Board (WSIB) coverage.

The MAESD also covers the cost of private insurance coverage (Chubb) for Student Trainees enrolled in an approved program at Mohawk College and participating in unpaid work placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act.

The *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* must be completed when submitting an insurance claim (WSIB or Chubb) resulting from an injury, illness or disease incurred by the student while on the placement. Please note that all WSIB or Chubb Insurance reporting procedures must be followed and Mohawk College will enter its unique MAESD - issued WSIB Firm Number as required.

The *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements* can be found at:

[http://tcu.gov.on.ca/pepg/publications/UnpaidWork\\_PlacementsGuide.pdf](http://tcu.gov.on.ca/pepg/publications/UnpaidWork_PlacementsGuide.pdf)

The *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* is available on the MAED's website at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=2&ENV=WWE&TIT=&NO=022-13-1352E> (English)

<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)

#### **Declaration**

By signature of an authorized representative, the Placement Employer hereby agrees to immediately report any workplace injury, illness or disease involving a student on an unpaid work placement to Mohawk College. Where the Placement Employer is covered by WSIB, they will also complete a *Letter of Authorization to Represent the Placement Employer* that allows Mohawk College to represent the Placement Employer on matters related to the WSIB claim.

The Placement Employer agrees that it will provide the Student Trainee with health and safety training and supervision to protect them from health and safety hazards that may be encountered at the Placement Employer's workplace and assist them with completion of the "Student Work Placement Safety Checklist".

Name (print) _____	Signature _____
Title _____	Organization _____
Date _____	Our organization is covered by the WSIB <u>Yes / No</u>

#### **Distribution**

Original: Return signed original to Mohawk College Placement Coordinator prior to the commencement of the placement.

Copy: Placement Employer.