**Appendix B**

**LETTER TO PLACEMENT EMPLOYER**

**Process for Workplace Safety and Insurance Board (WSIB)**

**or Private Insurance Coverage for Students on Unpaid Work Placements**

The Humber College Institute of Technology & Advanced Learning and the University of Guelph-Humber (hereafter referred to as “Humber”) are committed to working with placement employers to implement the Ministry of Advanced Education and Skills Development (MAESD) *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*. The MAESD guidelines require Humber to notify the Placement Employer about workplace insurance coverage and reporting procedures for students on unpaid work placements:

* The Government of Ontario, through the MAESD, covers the costs of WSIB or private insurance (CHUBB) for injuries, illness or disease incurred by students enrolled in an approved Ontario postsecondary program and participating in an unpaid work placement as required by their program of study. If the Placement Employer is compulsorily or voluntarily covered by the WSIB, a student’s claim will be processed through the WSIB. For other Placement Employers, the claim will be processed through CHUBB insurer, a private insurance company retained by the Government of Ontario.
* In event of injury, illness or disease, the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* is required when submitting an insurance claim for the student during the placement. The *Claim Form* will be completed and signed by the Placement Employer, the Student and Humber. Humber will enter its Ministry-issued Firm Number in order to complete the *Claim Form*. The MAESD guidelines and the new *Claim Form* are posted on the Ministry’s website at: <http://www.tcu.gov.on.ca/pepg/publications/guidelines.html#21>.

* In the event of a workplace injury, illness or disease involving a Humber student on an unpaid work placement at the placement organization, the Placement Employer will immediately report the incident to Humber. A Placement Employer who is covered by the WSIB must follow all WSIB reporting procedures. In addition to completing the appropriate sections on the *Claim Form,* the Placement Employer will complete a *Letter of Authorization* that allows Humber to represent the Placement Employer on matters pertaining to the claim to WSIB. Humber will ensure that a WSIB Form 7 is completed within seven days of learning of a work-related accident, and that it is submitted along with the *Claim Form* and the *Letter of Authorization* to the WSIB.
* For students returning to work after an illness or injury, the Placement Employer will work with Humber to review the Student Trainee’s limitations or restrictions and, where possible, modify the placement as required in order to accommodate the Student Trainee’s safe and timely return to the placement.
* The Placement Employer will provide the student with appropriate training and supervision to protect the Student Trainee from health and safety hazards that may be encountered at the placement organization.
* All eligible insurance costs for students on unpaid work placements will be covered by the Government of Ontario through the MAESD, and not by the Placement Employer. The MAESD requires Humber to confirm whether the Placement Employer has WSIB coverage. Please check one of the following:
  + The Placement Employer has WSIB coverage.
  + The Placement Employer does not have WSIB coverage.

**This Agreement must be completed and signed prior to the commencement of the work placement.**

**Declaration**

*By signature of an authorized representative here under, we confirm that we have read, understand and accept the terms listed in this document.*



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

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

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

Name of Student(s)**\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If more than one student, please attach Appendix C (Multiple Student Trainee List)**

**Distribution**

* Signed original to Humber *(insert Placement Coordinator contact/mailing info)*.
* Copy to Placement Employer.