

APPLICATION FORM #2080

WORKPLACE SAFETY AND INSURANCE VOLUNTARY COVERAGE

District Name:	District Number:
WSIB Account Number:	

A. Provide the following information for each Federation Release Officer covered by WSIB: <i>(Include proof of payment with your application.)</i> <input type="checkbox"/>
Name:
Bargaining Unit:
Number of days Time Release per week:
Beginning and ending dates of WSIB coverage:
WSIB cost for the above coverage:

B. Provide the following information for WSIB coverage purchased for members participating in local OSSTF/FEESO events:
Names of members/events/dates covered (attach a list):
Bargaining Unit:
WSIB cost for the above coverage:

Signatures and Date
District or Bargaining Unit President:
District Treasurer (if applicable):
Date:

Forward FULLY COMPLETED #2080 Application Form to Norm Westbury, Executive Assistant, Negotiations and Contract Maintenance by email Norm.Westbury@osstf.ca