

General Information and Instructions:

Travel expenses for medical appointments for your workplace injury/illness must be **pre-approved** to avoid delays in payment. The Worker Travel Expense Form (2721A) should be completed based on the travel expenses approved in your claim. Please contact the WSIB at 416-344-1000 or 1-800-387-0750 to find out what expenses you may claim. You should also advise the WSIB whenever there is a change in the travel needs for your injury/illness (i.e. when you are referred to a new doctor or treatment program).

NOTE: If you are awaiting a decision on your claim, you can use this form to record your travel expenses. Please submit the form to the WSIB only after your injury or illness is accepted as being work-related.

- In general, we pay only the cost of public transit fares to medical appointments, when public transportation is available in your area and your injury/illness does not prevent you from using public transit.
- Mileage (and parking) is paid only when there is no public transit, or the medical evidence on file shows you can not take public transit because of your injury/illness. If the WSIB has approved mileage, and you also have parking expenses, use the same form and **send in the original parking receipt(s)**.
- Travel by taxi is approved only when medical evidence indicates your injury/illness prevents you from taking public transit or driving your own vehicle.
 - If you tell us in advance of the appointment, we will arrange for the taxi company to bill the WSIB directly, wherever possible.
 - When you have paid the taxi fare, you must **send in the original taxi receipt(s)** with your claim form.
- Generally, we consider eligibility for meals only when your appointment involves out-of-town travel. You will not be reimbursed for your meal(s) unless you were advised to claim for it. There are different maximum limits paid for each of the three daily meals.
- If you need an escort when travelling, for medical or legal reasons, escort fees can be paid but **must be pre-approved**. There are set fees for an escort. If you have entitlement for an escort and a meal(s), we will also pay for your escort's meal(s). You will need to attach a separate sheet to claim the escort fee and any additional expenses for your escort.

Confirming attendance is important:

- Travel expenses are paid after we confirm that you attended a medical appointment for your workplace injury/illness on that date. We do this by checking if we have paid for the treatment, such as physiotherapy, or have a report from the doctor you saw.
- Since we do not always receive an invoice or report, you should take a travel form to all your appointments and have the treating agency or doctor put their stamp, or name and signature, beside the date of your appointment.

Details are important for quick payment as incomplete forms cannot be processed. Please check the following before mailing your form

- Is your name and claim number on each form and receipt?
- Did you provide all the information asked for?
- Did you do all of the calculations for the amounts you are claiming?
- Did you attach all original parking or taxi receipts, if applicable?
- Is the form **signed** and **dated**?

Keeping your own records:

We recommend you keep a copy of the completed form and all receipts for your own records. This allows you to keep track of your expense claims and payments. This also prevents you from making a duplicate claim for an expense already claimed and/or paid, which will cause a delay.

This website – **www.wsib.on.ca** – has more information about travel expenses. By using the search field and typing in Table of Rates, you will find the current rates and other related policies.



Mail To:
200 Front Street West
Toronto ON M5V 3J1

OR FaxTo:
416-344-4684
OR 1-888-313-7373

Worker Health Care Travel Expense Form

Claim Number (mandatory)

Please PRINT in black ink.

**BEFORE completing this form,
please read the INSTRUCTIONS.**

A. Worker Information				
Last name		First name		Initial
Current address		City	Province ON	Postal Code
Is this a new address? <input type="checkbox"/> yes <input type="checkbox"/> no		Home phone		Work phone

B. Travel Expense Section
● Please provide all information requested and complete ALL calculations.

Travel Address	Treating Agency Stamp or Name & Signature	Public Transit or Taxi Amount (\$)	Driving Roundtrip Distance in Km (kilometers)	Parking Amount (\$)	Meals Amount B- Breakfast \$ L- Lunch \$ D- Dinner \$
Date (dd/mm/yyyy) _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM From: _____ To: _____ Reason: _____		<input type="checkbox"/> Public Transit <input type="checkbox"/> Taxi \$ _____ Taxi receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?		\$ _____ Receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?	B - \$ _____ L - \$ _____ D - \$ _____
Date (dd/mm/yyyy) _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM From: _____ To: _____ Reason: _____		<input type="checkbox"/> Public Transit <input type="checkbox"/> Taxi \$ _____ Taxi receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?		\$ _____ Receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?	B - \$ _____ L - \$ _____ D - \$ _____
Date (dd/mm/yyyy) _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM From: _____ To: _____ Reason: _____		<input type="checkbox"/> Public Transit <input type="checkbox"/> Taxi \$ _____ Taxi receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?		\$ _____ Receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?	B - \$ _____ L - \$ _____ D - \$ _____
Date (dd/mm/yyyy) _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM From: _____ To: _____ Reason: _____		<input type="checkbox"/> Public Transit <input type="checkbox"/> Taxi \$ _____ Taxi receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?		\$ _____ Receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?	B - \$ _____ L - \$ _____ D - \$ _____
Date (dd/mm/yyyy) _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM From: _____ To: _____ Reason: _____		<input type="checkbox"/> Public Transit <input type="checkbox"/> Taxi \$ _____ Taxi receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?		\$ _____ Receipt enclosed <input type="checkbox"/> yes <input type="checkbox"/> no If no why?	B - \$ _____ L - \$ _____ D - \$ _____

Mileage Rates: Before 01Jan2001 (\$0.22/km) Between 01Jan2001 to 31Dec2005 (\$0.34/km) Between 01Jan2006 to 31Dec2008 (\$0.37/km) Between 01Jan2009 to 31Dec2013 (\$0.38/km) From 01Jan2014 (\$0.40/km)	TOTALS:	A. \$	B. (rate X km) \$	C. \$	D. \$
Total of Expenses (A + B + C + D)					\$

C. Worker Declaration

I hereby certify that the information provided on this form is true, accurate and complete, and that the travel details provided were incurred by myself and are directly related to my WSIB case. I agree to provide all original receipts to the WSIB. I also authorize the release of any information to the WSIB relating to the travel details and expenses listed on this form.

Signature	Date
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