

Letter to Placement Employers Re:

Process for Workplace Insurance for Queen's University Students on Unpaid Work Placements

To Be:

(i) Signed by Placement Facility and

(ii) Attached to Student Placement Agreement

The Government of Ontario *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements* detail the process for students on work placements who are enrolled in an approved Ontario university program.

The Government program pays the Workplace Safety and Insurance Board (WSIB) for the cost of benefits provided to Student Trainees enrolled in an approved program at Queen's University and participating in unpaid work placements with employers who are either compulsorily covered or have voluntarily applied to have WSIB coverage.

The Government program also covers the cost of private insurance with Chubb Insurance for Student Trainees enrolled in an approved program at Queen's University and participating in unpaid work placements with employers that are not required to have compulsory coverage under the Workplace Safety and Insurance Act or unpaid placements out of province.

Placement Employers and Queen's are *not required* to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each placement that is part of the student's program of study in order to be eligible for WSIB coverage. Instead, this form *only needs to be completed when submitting a claim resulting from an on-the-job injury/disease*.

Please note that universities will be required to enter their Government-issued Firm Number in order to complete the online claim form; the Placement Employer's WSIB is not impacted by claims.

The *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements* and the claim form are posted on the Ontario Government's public website at: <http://www.tcu.gov.on.ca/pepg/publications/placement.html>

Please note that all WSIB or Chubb Insurance procedures must be followed in the event of an injury/disease.

Declaration of Placement Employer: By signature of an authorized representative, the Placement Employer hereby agrees to the following:

- That it will immediately report to the University any workplace injury or disease involving a student on an unpaid work placement.
- If the Placement Employer is covered under the *Workplace Safety and Insurance Act*, the Placement Employer will comply with all WSIB reporting procedures. Within three days of a

work related accident, the Placement Employer will provide to the University the incident report, as well as any other necessary information related to the accident, along with a completed Letter of Authorization to Represent the Placement Employer. The University will complete the Form 7.

- If the Placement Employer is not covered by the *Workplace Safety and Insurance Act*, then it will comply with the Chubb reporting procedures found in the *Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements*.
- The Placement Employer agrees that it will provide the Student Trainee with health and safety training, or verify that they have completed the appropriate health and safety training, and take appropriate precautions to ensure that the Student Trainee is supervised in order to protect the Student Trainee from health and safety hazards that may be encountered at the placement organization.
- The Placement Employer agrees to provide written confirmation that the Student Trainee has received the appropriate health and safety training.
- In the event of a claim, the Placement Employer agrees that it will review the Student Trainee's restrictions and, where possible, modify the program as required in order to accommodate the Student Trainee to facilitate return to the program.

Organization's Name: Does <input type="checkbox"/> OR Does <u>not</u> <input type="checkbox"/> have coverage under the Ontario <i>Workplace Safety & Insurance Act</i>	Representative's Name:
	Representative's Title::
	Representative's Signature:
	Date: Click or tap to enter a date.

A signed copy of this document is to be returned to Queen's with the Placement Agreement prior to the commencement of any placement, and a copy is to be kept by the Placement Employer.

LETTER OF AUTHORIZATION TO REPRESENT PLACEMENT EMPLOYER

**COMPLETE THIS FORM WITH A WSIB FORM 7 AND SUBMIT TO:
QUEEN'S DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY**

ONLY IN THE EVENT OF AN INJURY/ILLNESS

Please be advised that the following Training Agency is reporting a work related injury on behalf of the Placement Employer identified below and shall serve as the primary contact in matters related to this claim.

Training Agency: Queen's University at Kingston Firm #

Contact Department of Environmental Health & Safety

Address: 96 Albert Street, Room 107

City: Kingston

Province: Ontario

Postal Code: K7L 3V2

Telephone Number: 613-533-2999 - OR - 613-533-2949

Email: safety@queensu.ca

This section to be completed by the Placement Employer

, an unpaid Learner, is claiming that he/she sustained a work related injury/illness on
(Student Trainee's Name)

Click or tap to enter a date.

while on a Work/Education Placement with our organization.

Organization Name:	Firm #:	Contact Person: Telephone Number:
Address: City: Province: Postal Code:	Placement Host's Authorized Signature: <hr/> DATE: Click or tap to enter a date.	