



Letter to Placement Employer

Process for Workplace Accident Insurance Coverage:

Most placements are part of a Ministry of Colleges & Universities (MCU) program that mandates that the student complete an unpaid placement in order to graduate. In these programs MCU pays all costs related to Accident Insurance and claim coverage.

The *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* must be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that Loyalist College will enter our MCU-issued WSIB Firm Number, if applicable, in order to complete the online claim form,

Some Loyalist programs do not fall under MCU and accident insurance for the placement students is provided in one of two ways:

- If the placement site is covered by WSIB, then the placement student must also be covered by the placement site's WSIB coverage, unless Loyalist College elects to provide WSIB coverage.
- If the placement site is not covered by WSIB, Loyalist College provides private insurance coverage for these placement students.

Loyalist College Program: _____

is a MCU approved program. Accident Insurance (WSIB or Private) will be provided by MCU.

is not a MCU approved program & Placement site is covered by WSIB. WSIB Accident Insurance coverage will be provided by: Placement site (responsible to remit WSIB premiums for student)

Loyalist College

is not a MCU approved program & Placement site is not covered by WSIB. Private Accident Insurance coverage will be provided by Loyalist College.

Name of College representative (print): _____

Signature: _____

Declaration of Placement Host:

By signature of an authorized representative here under we confirm our understanding of the accident insurance coverage for student trainees and confirm our commitment to immediately report any student trainee's workplace injuries or disease to Loyalist College.

Name (print): _____

Signature: _____

Title: _____

Organization: _____

Date: _____

Our Firm is a WSIB Covered Workplace (yes/no): _____

Distribution:

Original: Please send signed original to Loyalist College (PO Box 4200, Belleville, ON K8N 5B9)
Attention – Placement Facilitator (insert name) – (insert department & phone ext and/or e-mail)

Copy: Placement Employer to retain a copy

Form OHS-019(C) – Nov 2022