



M S P P
MULTI-SECTOR PENSION PLAN

WSIB INFORMATION REQUEST FORM
(TO BE COMPLETED BY THE EMPLOYER)

EMPLOYEE INFORMATION	Employee Name	SIN
	Date of Injury MM / DD / YYYY	Date of Recovery MM / DD / YYYY
PENSIONABLE EARNINGS	Pensionable earnings for the last four weeks preceding date of injury by week: <i>(Not required for Maternity/Paternity/parental unless in PEI)</i>	
	Week 1	Week 2
	Week 3	Week 4
AUTHORIZATION AND SIGNATURE	Employer's Name: _____	
	Authorized Signature of Employer: _____	
	Print Name & Title: _____	
	Date: _____	