

Acknowledgement of Insurance

For Students Attending Application Industries Only

(Complete if answered no.)

Please complete and return this form to the coordinator/faculty designate who is responsible for your placement.

I, _____ have read the information regarding compensation and hereby acknowledge receipt of the ACE INA Accident Insurance Plan and WSIB Policy Report, Volume 6, No. 5, and understand that during my placement from: _____ to _____.

I will be working for an Application industry, and that I will be covered by the ACE INA Insurance Company through the Ministry of Education and Training in the event of a workplace accident. As well, I understand the difference in coverage offered through both WSIB and ACE INA Insurance Company.

(please print)

Name of Trainee: _____

Address: _____

Signature of Trainee

Date

Signature of Coordinator/Faculty Designate

Please note: In the event you change your address and/or name during your placement, you must sign a new Acknowledgement Form.

Application industries may include, but not be limited to: art galleries, daycare centres, health units, library boards, doctors' offices, dentists' offices, or law offices.

Freedom of Information and Protection of Privacy Act, 2002 – The information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, C.272, s5, RRO 1980, Reg. 640. This information is used for administrative purposes. For further information, please contact the Manager of Counselling, Disability and Health Services, Sheridan Institute of Technology and Advanced Learning, 1430 Trafalgar Rd., Oakville, ON L6H 2L1, 905-845-9430.