



File Number: -

The Social Benefits Tribunal (SBT) requires complete and accurate contact information in order to communicate with you about your case file.

Use this form to provide the SBT with your email address. This will be the **only** email address that the SBT will use to receive information from you or provide information to you about your case file.

**Appellant Information**

First Name *		Last Name *		Telephone	
Street Number *	Street Name *			Suite/Unit/Apt.	
City/Town *			Province *	Postal Code *	
Email Address *					
Confirm Email Address *					

- I have read and agree to comply with the [Practice Direction on Communicating with the SBT.](#) \*
- I give the SBT permission to communicate with me through email. \*

**Signature**

Name *	
Signature (If filing electronically, type your first name, last name.) *	Date (dd/mm/yyyy) *

When you file electronically, typing your name and dating this form represents your signature. Check the box to confirm you understand and agree to this.

**Collecting Personal Information:** The Social Benefits Tribunal (SBT) collects the personal information requested on this form under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*. It will be used for the purpose of conducting the appeal and will be shared with the parties. If you have any questions, contact the SBT at 1-800-753-3895.

