2012-2016 Strategic Plan:
Measuring Results

Q3 2012 Report

wsib cspaat ONTARIO

Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail
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Assessment of Current Results: Comparison to Plan

Pillar	Assessment	Summary
Sufficient Funding		*The WSIB achieved strong financial and operational results*
Revenue Must Cover Costs		*Investment returns and employment growth resulted in increased revenues*
Right Sizing Costs – Workplace Injuries		*YTD Lost-time injury/ illness rate continues to improve*
Right Sizing Costs – Claims Inventory		*Injured workers are returning to work faster*
Right Sizing Costs – Recovery & Return to Work		*Focused health care is improving recovery and return to work outcomes*
Efficient Administration		*Administration costs continue to be less than budget*
Stakeholder Relationships & Service Excellence		*We continue to improve the new customer perception framework*

LEGEND:

 Performance meeting or exceeding target	 Performance off target	 Positive change
 Performance marginally off target	 For tracking purposes only	 Negative change

Discussion & Analysis

Introduction

In Q3 2012, the WSIB's unfunded liability (UFL) decreased by $584M to $13,179M. This is the result of the three components of our strategy working in unison to achieve our objectives:

- The first, improved case management and recovery and return to work outcomes for injured workers,
- The second, establishing adequate premium rates and controlling administrative cost, and
- The third, the Strategic Investment Plan that reduces volatility while maximizing returns.

Improved outcomes for injured workers

New claims

On the surface the number of claims is decreasing as the WSIB registered 2.2% fewer Schedule 1 claims this quarter compared to the same quarter last year. However, there were three fewer working days in September 2012 compared with 2011. On average, we continue to register more Schedule 1 claims daily (827 vs 818) and anticipate that by year end there will be a slight increase in the number of registered claims.

Once claims are registered, the WSIB is making entitlement decisions more efficiently. In Q3 2012, 94.9% of eligibility decisions were made within two weeks for Schedule 1 and 92.9% for Schedule 2, half of which were made within one day. This result is a significant improvement from 87.6% and 84.1% for Schedule 1 and Schedule 2 in Q3 2011.

Faster decision making (resulting in fewer pending claims) combined with increased employment continues to impact the number of Schedule 1 allowed lost-time claims which increased by 4.6% (421 claims) this quarter compared to Q3 of last year. While the number of claims is increasing, Ontario workplaces continue to get safer. The year-to-date (YTD) lost-time injury/illness rate decreased by 2.9% for Schedule 1 and 4.0% for Schedule 2.

Improving recovery and return to work outcomes

We continue to see evidence of improved return to work outcomes as 91.3% of injured workers were able to return to work at 100% pre-injury earnings within one year.

Approximately twice the number of non-locked-in claims dropped off the inventory this quarter compared to Q3 2011 (2,669 vs. 1,234). While this improvement is occurring across all durations up to 48 months, those two years and under are showing the most improvement.

Durations at 72 months increased slightly again this quarter. While not ideal, it was expected. As many of these claims were four years and older when the current service delivery model was introduced, the WSIB focused its efforts on helping these injured workers attain maximum medical recovery and mitigate their wage loss. Results are therefore seen not in the number of claims being locked-in but changes in the benefits required at lock-in. In 2012, only 22% of workers receiving locked-in benefits required 100% wage replacement vs. 45% in 2008. With more early specialized intervention, we expect a lower percentage of claims managed under the current service delivery model to reach the 72 month mark.

More focused health care

The number of paid Schedule 1 health care claims has decreased by 2.9% (7,400 claims), but those who require care are receiving better, more focused care. In 2012, the average paid health care cost per claim increased by 1.1% to $1,397 from $1,382. This increase in the average cost is the result of a more focused approach to delivering health care services to improve recovery and return to work outcomes for injured workers.

YTD, approximately 18,200 claims were referred to Programs of Care and 8,900 were referred to Specialty Clinics, an increase of 24.7% (3,600 claims) and 12.8% (1,000 claims) respectively. At the same time the WSIB's focus on appropriate use of narcotics has resulted in 11.0% (3,759 claims) fewer claims receiving narcotics and a 16.7% ($4.1M) decrease in cost.

This investment in health care, combined with consistent assessment and application of policy, has resulted in fewer workers with a PI - 0.9% decrease in the percentage of workers with a PI; and better recovery - 2.9% decrease in the average PI award.

Combined, these improved recovery and return to work outcomes for injured workers have resulted in $58M less in benefit payments for the quarter compared to Q3 2011.

Discussion & Analysis

Premiums

Premium revenue covered costs and continues to positively impact the UFL. In Q3 2012, insurable payroll increased by 3.6% compared to Q3 2011. This increase contributed to premiums of $1,058M, $60M (6.0%) over budget.

Administration costs

Like all other Worker Compensation Boards, the WSIB's administration costs are reported under two separate components: claims administration costs, which is a component of the WSIB benefit costs; and administration and other expenses. The following is a breakdown of the WSIB's YTD administrative cost for Q3 2012.

YTD 2012					
$M	Actual	Budget	2011	Variance to budget	Variance to prior year
Claims Administration Costs	324	260	273	64	51
Administration and Other Expenses	228	298	211	(70)	17
Total Administration Costs	552	558	484	(6)	68

As reflected in the above chart, while total administration costs was slightly under budget for 2012, there has been a significant increase compared to 2011. This increase is mostly due to the increase in severance benefits ($27M) and higher pension expenses ($41M). These one-time expenses are expected to be offset in future years by savings achieved through business transformation.

Investment Returns

The WSIB achieved 3.4% gross investment returns this quarter and 7.5% YTD. This has resulted in net investment revenue of $488M for the quarter and $1,026M YTD. As premium revenues have covered costs, the WSIB has not had to rely on investments to fund operations and instead operations has contributed $225M to the investment fund.

Customer Perception Measurement

We saw a lift in employer results after a decline in Q2. In Q3 2012, 77% of employers were satisfied or somewhat satisfied with the claims process and 81% with the account management process. Results for service excellence relating to claims and account management also improved to 83% and 87% respectively.

Worker results have not significantly changed this year. In Q3, the percentage of injured workers satisfied or somewhat satisfied with the claims process was 67% and with the service they received was 73% compared to 66% and 72% in Q1.

In 2012, we continue to enhance the survey methodology and establish a baseline. In Q3, we added open ended questions to capture feedback from dissatisfied respondents. Approximately, 81% of these respondents provided us with feedback. In Q4, we will be expanding these questions to our satisfied customers to better understand the drivers of satisfaction.

Other Notables

2013 premium rates

In October, the WSIB announced premium rates for all employer rate groups would increase by 2.5% in 2013. As reflected in the results in this report, operational changes and increased financial discipline have resulted in positive outcomes for both injured workers and employers. This increased rate is a necessary step to reducing the WSIB's UFL, creating stable and competitive premium rates for the future and ensuring a sustainable workplace safety and insurance system for workers and employers.

During consultations on the premium rate, employer stakeholders expressed confidence in the WSIB's approach to managing the system and understood the need to address the UFL through this premium increase.

New legislation

On October 22nd, the Ministry of Labour announced planned changes to the *Workplace Safety and Insurance Act.* Proposed changes to the Act would, if passed, allow the WSIB to:

- Review Loss of Earnings benefits after 72 months – currently benefits are generally "locked-in" after 72 months, even if an injured worker's condition improves or they rejoin the workforce.

- Base survivor benefits on the average earnings of the deceased worker's occupation or trade rather than the statutory minimum currently provided under the Act.

These changes would allow the WSIB to review loss of earnings benefits past 72 months. Ontario is the only Canadian jurisdiction with a 72-month lock-in provision and the proposed legislative reforms would align the WSIB with workers' compensation systems in other provinces.

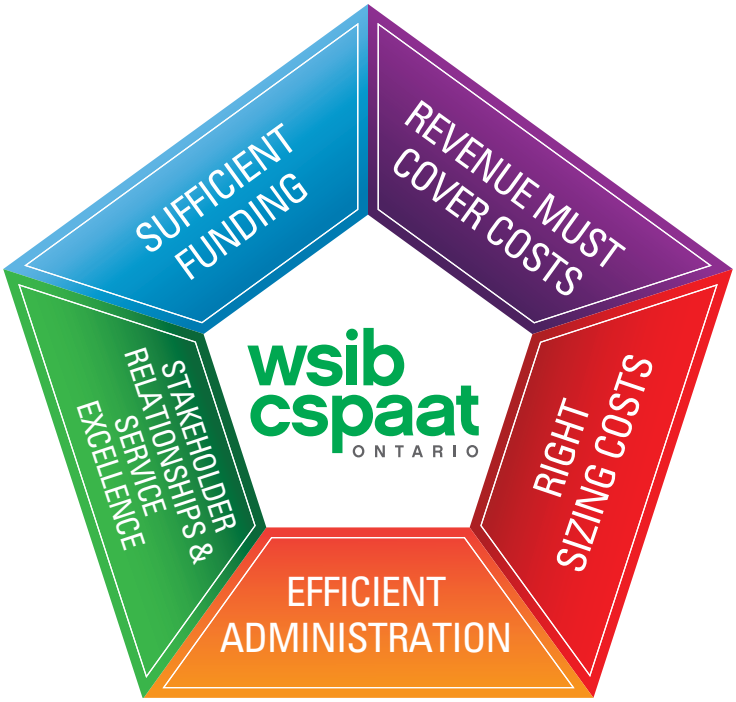
In the coming months, the WSIB will be working with the Ministry of Labour and reviewing details of the planned legislatives changes as they become available.

Future Adoption of IFRS Accounting Standards for Employee Benefits.

The WSIB is required to implement an amended accounting standard on January 1, 2013 relating to how it accounts for employee benefits. Under this standard, the WSIB is expected to add approximately $586 million to its Unfunded Liability, with a corresponding reduction in its funding ratio of approximately 1%. Additionally, we estimate that we will incur approximately $225 million of additional liability added to the benefit plan reflecting the adverse impact that declining interest rates have on our pension plan. Accordingly, had the WSIB been required to reflect these new accounting standards as at September 30, 2012, its unfunded liability would have been $13,934 million rather than $13,179 million and its funding ratio would have decreased from 56.3% to 54.9%. Given the severity that such accounting standards have on our progress in meeting our sufficiency targets, we anticipate addressing the volatile impact of these standards during our consultation with stakeholders on our funding policy.

Our transition continues

While the WSIB has achieved significant operational and financial gains in 2012, our transition continues. Our focused effort to deliver better outcomes for injured workers, increased financial discipline and strategic investment plan are ensuring a sustainable workplace safety and insurance system for workers and employers.



Schedule 1 Results by Pillar

Sufficient Funding

The WSIB achieved strong financial and operational results

Strong financial and operational performance resulted in premiums covering costs.

Improved recovery and return to work outcomes for injured workers continue to positively impact benefit costs. Benefit costs were $96M below budget primarily due to improved benefit payments.

Comprehensive income attributable to WSIB stakeholders for the quarter was $584M, $436M above budget. YTD comprehensive income was $1,043M, mostly due to $1,026M in investment returns.

These combined improvements increased the funding ratio by 2.1% to 56.3%. The UFL decreased to $13,179M; $686M lower than budget.

Premiums

($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	999	987	970	1,056	1,058
Budget	965	901	934	991	998
Variance	34	86	36	65	60
Assessment	✓	✓	✓	✓	✓

Net Investment Income/(Loss)

($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	(687)	614	703	(165)	488
Budget	231	230	193	193	193
Variance	(918)	384	510	(358)	295
Assessment	✗	✓	✓	✗	✓

Benefit Costs*

($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	476	3,189	818	925	744
Budget	927	939	865	851	840
Variance	(451)	2,250	(47)	74	(96)
Assessment	✓	✗	✓	✗	✓

Administrative and Other Expenses

($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	68	113	82	75	71
Budget	84	87	103	98	97
Variance	(16)	26	(21)	(23)	(26)
Assessment	✓	✗	✓	✓	✓

**Includes changes in actuarial valuation of benefit liabilities*

Unfunded Liability (UFL)					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	(12,355)	(14,222)	(13,618)	(13,763)	(13,179)
Budget	(12,292)	(12,294)	(14,144)	(14,014)	(13,865)
Variance	(63)	(1,928)	526	251	686
Assessment					

Funding Ratio					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	54.9%	52.1%	54.2%	54.2%	56.3%
Budget	56.2%	55.8%	52.7%	53.4%	54.2%
Variance	(1.3%)	(3.7%)	1.5%	0.8%	2.1%
Assessment					

Comprehensive Income/(Loss) Attributable to WSIB Stakeholders					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	(221)	(1,867)	604	(145)	584
Budget	76	(2)	56	129	148
Variance	(297)	(1,865)	548	(274)	436
Assessment					

Revenue Must Cover Costs

Investment returns and employment resulted in increased revenues

As the result of a 3.6% increase in insurable earnings and 2.0% increase in the average premium rates, premiums for the quarter were $1,058M, an increase of $59M or 5.9% from Q3 2011.

The net rebate for incentive programs for the quarter was $22M, $10M higher than budget. While we have taken steps to minimize the off-balance for incentive programs, current policies do not allow the WSIB to completely balance the incentive programs and therefore we anticipate to be above budget for year end. This issue will be addressed as part of the broader rate framework consultation to commence in Q1 2013.

The WSIB's Investment returns of 3.4% for the quarter resulted in net investment income of $488M in Q3 2012.

Premiums					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	999	987	970	1,056	1,058
Budget	965	901	934	991	998
Variance	34	86	36	65	60
Assessment	✓	✓	✓	✓	✓

Insurable Earnings					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	39,304	36,066	42,168	45,115	40,717
Budget	38,725	35,326	40,851	41,581	38,858
Variance	579	740	1,317	3,534	1,859
Assessment	✓	✓	✓	✓	✓

Net Surcharge / (Rebate) Incentive Programs					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	(2)	(2)	(11)	(16)	(22)
Budget	(13)	(12)	(11)	(11)	(12)
Variance	11	10	0	(5)	(10)
Assessment	✓	✓	✓	✗	✗

Revenues					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	312	1,601	1,673	891	1,546
Budget	1,196	1,132	1,127	1,184	1,191
Variance	(884)	469	546	(293)	355
Assessment	✗	✓	✓	✗	✓

Insurance Fund Total Returns				
	1 Year	5 Years	10 Years	15 Years
Q3 2012	12.2	2.7	6.6	5.6
Q4 2011	2.3	1.2	4.6	6.1
Assessment	*	*	✓	✗

Net Investment Income/(Loss)					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	(687)	614	703	(165)	488
Budget	231	230	193	193	193
Variance	(918)	384	510	(358)	295
Assessment	✗	✓	✓	✗	✓

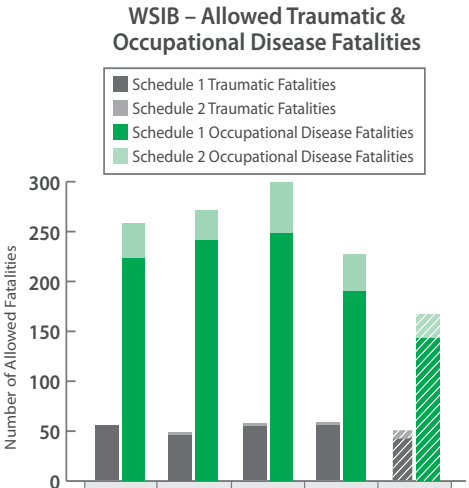
Right Sizing Costs – Workplace Injuries

YTD Lost-time injury/illness rate continues to improve

As a result of fewer working days, 2.2% fewer claims were registered this quarter compared to Q3 2011. On average, we continue to register more claims daily (827 vs. 818) and anticipate that by year end there will be a slight increase in the number of registered claims.

Increased eAdjudication continues to result in quicker decisions and a decrease in pending claims. In Q3 2012 there were 27.8% fewer claims awaiting a decision (pending claims) than Q3 2011. While this resulted in an increase in allowed and denied claims, the allowance rate (82.1%) continues to remain flat. Quicker decisions have also resulted in an increase in the number of high impact claims - 12.6% (378 claims) higher than Q3 2011. However, YTD high impact claims as a percentage of total allowed lost-time claims had remained consistent at 34%.

FIVE-YEAR TREND



	2008	2009	2010	2011	2012 YTD
	55	46	54	55	43
	1	3	4	4	5
TRM Fatalities Total	**56**	**49**	**58**	**59**	**48**
	221	229	250	191	141
	37	32	51	38	23
OD Fatalities Total	**258**	**261**	**301**	**229**	**164**

Traumatic Fatalities

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	15	24	18	12	13
Prior Year	20	15	8	8	15
Variance	(5)	9	10	4	(2)
Assessment	*	*	*	*	*

Occupational Disease Fatalities

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	55	50	45	53	43
Prior Year	64	53	47	39	55
Variance	(9)	(3)	(2)	14	(12)
Assessment	*	*	*	*	*

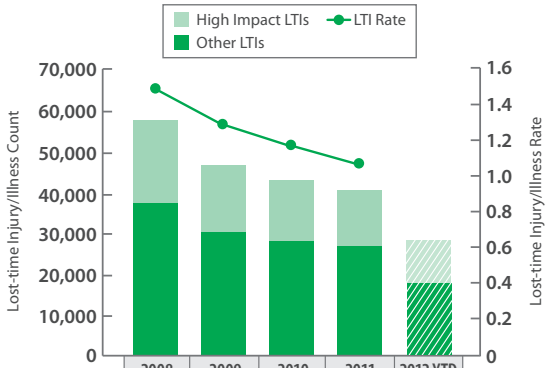
New Claims					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Registered	51,568	48,106	47,836	50,080	50,441
Pending	5,971	5,600	5,034	4,092	4,312
Denied	3,206	3,238	3,475	3,841	3,495
Abandoned	5,000	4,658	4,594	4,687	4,775
Allowed	37,391	34,610	34,733	37,460	37,859
	82.0%	81.4%	81.1%	81.5%	82.1%

YTD Lost-time Injury/Illness Rate					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	1.05	1.07	1.11	1.03	1.02
Prior Year	1.18	1.17	1.21	1.05	1.05
Variance	(11.0%)	(8.5%)	(8.3%)	(1.9%)	(2.9%)
Assessment	✓	✓	✓	✓	✓

Number of New High Impact Claims					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	3,004	3,922	3,173	3,694	3,382
Target	3,620	3,916	3,310	3,383	2,794
Variance	(17.0%)	0.2%	(4.1%)	9.2%	21.0%
Assessment	✓	▽	✓	✗	✗

FIVE-YEAR TREND

Lost-time Injury/Illness Count & Rate



	2008	2009	2010	2011	2012 YTD
	20,366	16,475	14,752	13,960	10,249
	37,539	30,204	28,251	26,633	19,947
Total Allowed LTIs	57,905	46,679	43,003	40,593	30,196
	1.50	1.29	1.17	1.07	1.02
High Impact as a % of Total LTIs	35%	35%	34%	34%	34%

Right Sizing Costs – Claims Inventory

Injured workers are returning to work faster

Improved recovery and return to work outcomes for injured workers have resulted in a 21% decrease in the number of workers receiving non-locked-in loss of earnings benefits compared to Q4 2011. While the inventory continues to improve across all claim durations, YTD the majority of the improvement has been in non-locked-in claims with durations of two years or less.

As expected, we continue to see a very small increase in the percentage of workers on benefits at 72 months (discussed further in the Discussion & Analysis section).

MEASURING DURATION

Percentage on Benefits at 3 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	14.2%	13.9%	13.3%	12.6%	12.1%
Prior Year	14.5%	14.3%	14.4%	14.5%	14.2%
Variance	(0.3%)	(0.4%)	(1.1%)	(1.9%)	(2.1%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 6 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	8.6%	8.2%	7.7%	7.4%	6.9%
Prior Year	9.3%	9.2%	8.9%	8.9%	8.6%
Variance	(0.7%)	(1.0%)	(1.2%)	(1.5%)	(1.7%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 12 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	5.9%	5.6%	5.3%	5.0%	4.5%
Prior Year	7.5%	7.0%	6.5%	6.1%	5.9%
Variance	(1.6%)	(1.4%)	(1.2%)	(1.1%)	(1.4%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 24 Months

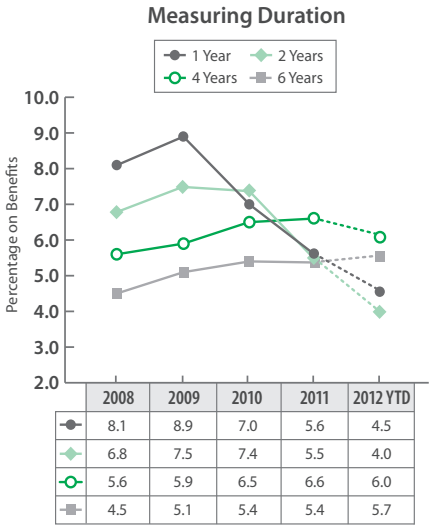
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	6.0%	5.5%	4.9%	4.4%	4.0%
Prior Year	7.6%	7.4%	7.0%	6.6%	6.0%
Variance	(1.6%)	(1.9%)	(2.1%)	(2.2%)	(2.0%)
Assessment	✓	✓	✓	✓	✓

Total Wage Loss Claims Inventory						
	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Assessment
Total Claims	183,485	181,318	179,009	176,560		
Variance (prior year)	(6,219)	(7,649)	(7,798)	(7,974)		
Locked-in Claims	156,911	156,056	155,572	155,484		
Variance (from base)	(1,835)	(855)	(1,339)	(1,427)		
Non-locked-in Claims	26,574	25,262	23,437	21,076		
Variance (prior year)	(4,384)	(5,537)	(5,763)	(6,301)		

Percentage on Benefits at 48 Months					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	6.6%	6.6%	6.4%	6.2%	6.0%
Prior Year	6.5%	6.5%	6.5%	6.6%	6.6%
Variance	0.1%	0.1%	(0.1%)	(0.4%)	(0.6%)
Assessment					

Percentage on Benefits at 72 Months					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	5.3%	5.4%	5.5%	5.6%	5.7%
Prior Year	5.4%	5.4%	5.3%	5.4%	5.3%
Variance	(0.1%)	0.0%	0.2%	0.2%	0.4%
Assessment					

FIVE-YEAR TREND



	2008	2009	2010	2011	2012 YTD
1 Year	8.1	8.9	7.0	5.6	4.5
2 Years	6.8	7.5	7.4	5.5	4.0
4 Years	5.6	5.9	6.5	6.6	6.0
6 Years	4.5	5.1	5.4	5.4	5.7

Right Sizing Costs – Recovery & Return To Work

Focused health care is improving recovery and return to work outcomes

Focused health care, combined with consistent assessment and application of policy has led to a notable reduction in the percentage of workers receiving a PI (from 9.9% in Q3 2011 to 8.1% this quarter) and the average PI award percent (from 13.1% in Q3 2011 to 10.1% this quarter).

More injured workers are able to return to work and mitigate their wage loss. The percentage of non-locked-in claims on 100% LOE decreased to 52.2% this quarter from 62.1% in the prior year. The average LOE entitlement award at lock-in decreased by 1.8% to 52.0%.

In Q3 2012, 91.3% of injured workers returned to work at 100% pre-injury earnings within 12 months.

These improvements resulted in a $58M improvement in benefit payments for the quarter.

MEASURING BENEFIT AWARDS
(as at end of quarter)

			Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Assessment: Prior Quarter	Assessment: Current Quarter
NON-LOCKED-IN CLAIMS ON 100% LOE (as a % of Total Current Claims)	Total	%	62.1%	58.7%	63.0%	58.0%	52.2%	✓	✓
		Prior Year	70.3%	65.1%	69.9%	66.3%	62.1%		
		Variance	(8.2%)	(6.3%)	(6.8%)	(8.3%)	(9.9%)		
	< 2 Years	Assessed Against Prior Year Rate						✓	✓
	2 – 4 Years	Assessed Against Prior Year Rate						✓	✓
	4 – 6 Years	Assessed Against Prior Year Rate						✓	✓
	> 6 Years	Assessed Against Prior Year Rate						✓	✓

		Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Assessment: Last Quarter	Assessment: Current Quarter
AVERAGE LOE ENTITLEMENT AWARD AT LOCK-IN	%	53.7%	54.4%	53.2%	52.8%	52.0%	✓	✓
	Prior Year	55.4%	58.9%	60.7%	55.7%	53.7%		
	Variance	(1.7%)	(4.5%)	(7.5%)	(2.9%)	(1.8%)		

Benefit Payments					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	695	692	705	673	637
Prior Year	758	757	744	719	695
Variance	(63)	(65)	(39)	(46)	(58)
Assessment	✓	✓	✓	✓	✓

MEASURING PERMANENT IMPAIRMENT

Percentage of Workers with a PI					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	9.9%	10.2%	9.8%	9.1%	8.1%
Benchmark	9.3%	9.0%	9.0%	9.0%	9.0%
Variance	0.6%	1.2%	0.8%	0.1%	(0.9%)
Assessment	▽	✗	✗	▽	✓

Average PI Award Percentage					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	13.1%	14.0%	10.6%	10.8%	10.1%
Benchmark	14.2%	14.0%	13.0%	13.0%	13.0%
Variance	(1.1%)	0.0%	(2.4%)	(2.2%)	(2.9%)
Assessment	✓	✓	✓	✓	✓

MEASURING RETURN TO WORK

RTW at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-Time Claims)					
	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	90.4%	90.5%	89.7%	91.0%	91.3%
Prior Year	N/A	N/A	90.5%	90.5%	90.5%
Variance	N/A	N/A	(0.8%)	0.5%	0.8%
Assessment	*	*	▽	✓	✓

MEASURING HEALTH CARE

Health Care Costs					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	112	109	129	113	106
Prior Year	137	127	130	114	112
Variance	(25)	(18)	(1)	(1)	(6)
Assessment	✓	✓	✓	✓	✓

Efficient Administration

Administration costs continue to be less than budget

In Q3 2012, 41% of registered claims were eAdjudicated. This resulted in an increase in eligibility decisions made within 2 weeks to 94.9%. The resulting decrease in the number of claims awaiting decisions ensures that injured workers receive their benefits quicker and can focus on their recovery and return to work.

While administrative and other expenses for the quarter were $26M (26.8%) below budget, these savings were off-set by an increase in the claims administration cost component of the benefit costs (discussed further in the Discussion & Analysis section). Administrative expenses per $100 of insurable earnings was below budget this quarter at $0.42.

Percentage of Eligibility Decisions Made within Two Weeks from the Claim Registration Date

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	87.6%	88.7%	87.9%	93.3%	94.9%
Target	85.0%	85.0%	85.0%	85.0%	85.0%
Variance	2.6%	3.7%	2.9%	8.3%	9.9%
Assessment	✓	✓	✓	✓	✓

Administrative and Other Expenses					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	68	113	82	75	71
Budget	84	87	103	98	97
Variance	(16)	26	(21)	(23)	(26)
Assessment					

Administrative Expense per $100 of Insurable Earnings					
($ / $100)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	$0.40	$0.58	$0.49	$0.39	$0.42
Budget	$0.45	$0.49	$0.47	$0.44	$0.47
Variance	($0.05)	$0.09	$0.02	($0.05)	($0.05)
Assessment					

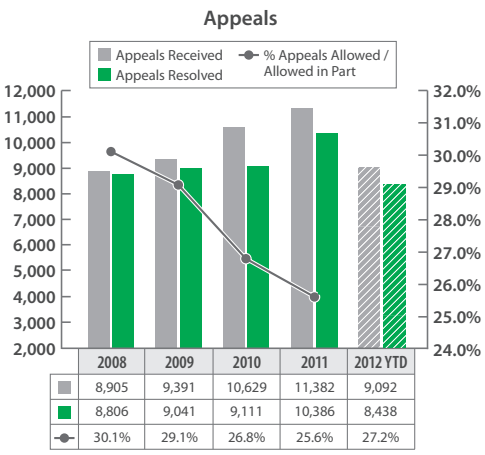
Stakeholder Relationships & Service Excellence

We continue to improve the new customer perception framework

The appeals inventory improved slightly this quarter. The 15% (438 cases) drop in the number of appeals received in the quarter compared to Q3 2011 is partly due to the creation of the Objection Intake Team. This team acts as a final operational review, ensuring that appeals are ready when they reach the Appeals Branch.

After a dip in Q2, we experienced a bounce back in our customer satisfaction survey results this quarter. The results for the survey are discussed further in the Discussion & Analysis section.

FIVE-YEAR TREND



	2008	2009	2010	2011	2012 YTD
Appeals Received	8,905	9,391	10,629	11,382	9,092
Appeals Resolved	8,806	9,041	9,111	10,386	8,438
% Appeals Allowed / Allowed in Part	30.1%	29.1%	26.8%	25.6%	27.2%

MEASURING APPEALS SCHEDULE 1 & 2

Appeals	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
# of Appeals Received	2,906	2,853	3,263	3,350	2,468
# of Appeals Resolved	2,420	2,798	2,857	3,039	2,517
% of Resolved Appeals Allowed / Allowed in Part	24.3%	26.1%	27.3%	27.1%	27.1%
% Appeals Resolved in 12 months	86.9%	84.6%	80.9%	82.3%	81.7%

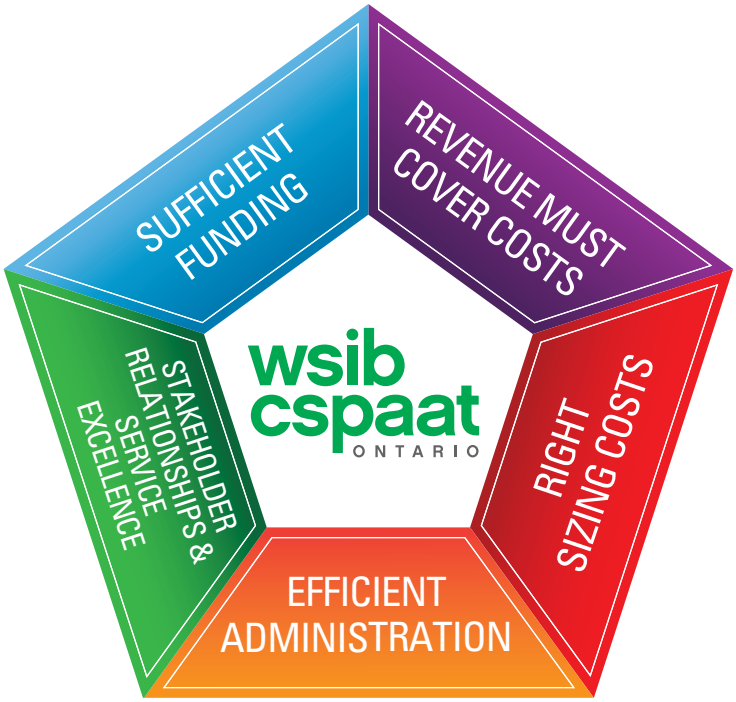
2011 Annual Reputation Index*			
	Injured Workers	Employers	Non-clients
% Very or Somewhat Favourable	62%	65%	61%
Average Rating	6.2	6.4	6.3

MEASURING CUSTOMER SATISFACTION SCHEDULE 1 & 2

PROGRAM INDEX		Q1 2012	Q2 2012	Q3 2012	Q4 2012	Assessment
CLAIMS – Employers	% Very Satisfied or Somewhat Satisfied	81%	73%	77%		
	Average Rating	7.3	6.8	7.0		
CLAIMS – Injured Workers	% Very Satisfied or Somewhat Satisfied	66%	64%	67%		
	Average Rating	6.5	6.2	6.4		
ACCOUNT MANAGEMENT	% Very Satisfied or Somewhat Satisfied	83%	77%	81%		
	Average Rating	7.6	7.1	7.3		

SERVICE EXCELLENCE INDEX		Q1 2012	Q2 2012	Q3 2012	Q4 2012	Assessment
CLAIMS – Employers	% Very Satisfied or Somewhat Satisfied	86%	80%	83%		
	Average Rating	7.7	7.4	7.5		
CLAIMS – Injured Workers	% Very Satisfied or Somewhat Satisfied	72%	71%	73%		
	Average Rating	6.9	6.8	6.9		
ACCOUNT MANAGEMENT	% Very Satisfied or Somewhat Satisfied	86%	82%	87%		
	Average Rating	7.8	7.5	7.7		

**Ipsos Reid Annual WSIB Satisfaction Survey 2011*



Schedule 2 Results by Pillar

Right Sizing Costs – Workplace Injuries

Fewer claims (218) were registered in Q3 2012, compared to Q3 2011. The YTD lost-time injury/illness rate decreased by 4.0% to 1.91.

Due to the increase in eAdjudication, the number of claims awaiting decisions (pending claims) decreased by 12.6% resulting in an increase in high impact claims – 11.6% (86 claims) higher than Q3 2011.

New Claims

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Registered	8,993	9,450	10,324	9,622	8,775
Pending	1,438	1,575	1,531	1,240	1,257
Denied	643	696	906	891	725
Abandoned	1,369	1,163	1,392	1,053	1,236
Allowed	5,543	6,016	6,495	6,438	5,557
	73.4%	76.4%	73.9%	76.8%	73.9%

Traumatic Fatalities

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	2	0	3	1	1
Prior Year	1	0	1	1	2
Variance	1	0	2	0	(1)
Assessment					

YTD Lost-Time Injury/Illness Rate

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	1.99	1.92	2.25	2.00	1.91
Prior Year	2.08	2.02	2.46	2.07	1.99
Variance	(4.3%)	(5.0%)	(8.5%)	(3.4%)	(4.0%)
Assessment					

Occupational Disease Fatalities

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	9	6	9	8	6
Prior Year	14	3	11	12	9
Variance	(5)	3	(2)	(4)	(3)
Assessment					

Number of New High Impact Claims

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	741	1,055	876	959	827
Target	826	1,057	987	848	689
Variance	(10.3%)	(0.2%)	(11.2%)	13.1%	20.0%
Assessment					

Right Sizing Costs – Claims Inventory

Better recovery and return to work outcomes have resulted in improved claims durations up to 72 months.

MEASURING DURATION

Percentage on Benefits at 3 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	10.1%	9.6%	8.9%	8.0%	7.9%
Prior Year	10.8%	10.3%	10.3%	10.2%	10.1%
Variance	(0.7%)	(0.7%)	(1.4%)	(2.2%)	(2.2%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 6 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	5.2%	4.9%	4.5%	3.8%	3.6%
Prior Year	6.0%	5.7%	5.4%	5.4%	5.2%
Variance	(0.8%)	(0.8%)	(0.9%)	(1.6%)	(1.6%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 12 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	2.7%	2.6%	2.3%	2.2%	2.0%
Prior Year	3.6%	3.4%	3.0%	2.8%	2.7%
Variance	(0.9%)	(0.8%)	(0.7%)	(0.6%)	(0.7%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 24 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	2.0%	1.8%	1.6%	1.4%	1.2%
Prior Year	2.5%	2.3%	2.2%	2.0%	2.0%
Variance	(0.5%)	(0.5%)	(0.6%)	(0.6%)	(0.8%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 48 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	1.5%	1.6%	1.4%	1.4%	1.3%
Prior Year	1.7%	1.7%	1.6%	1.6%	1.5%
Variance	(0.2%)	(0.1%)	(0.2%)	(0.2%)	(0.2%)
Assessment	✓	✓	✓	✓	✓

Percentage on Benefits at 72 Months

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	1.3%	1.3%	1.3%	1.3%	1.3%
Prior Year	1.3%	1.2%	1.3%	1.3%	1.3%
Variance	0.0%	0.1%	0.0%	0.0%	0.0%
Assessment	✓	▽	✓	✓	✓

Right Sizing Costs – Recovery & Return To Work

Benefit payments decreased by $8M due to better recovery and return to work outcomes for injured workers.

Similar to Schedule 1 results, focused health care, combined with consistent assessment and application of policy has led to continued improvement in the average PI award (10.0%) and the percentage of workers with a PI (4.3%).

95.3% on injured workers were back to work within one year of their injury at 100% pre-injury earnings.

MEASURING PERMANENT IMPAIRMENT

Percentage of Workers with a PI

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	5.5%	5.7%	5.4%	5.7%	4.3%
Prior Year	N/A	N/A	6.0%	5.0 %	5.5%
Variance	N/A	N/A	(0.6%)	0.7%	(1.2%)
Assessment					

Average PI Award Percentage

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	14.0%	12.7%	9.6%	10.7%	10.0%
Prior Year	13.5%	12.9%	13.7%	10.8%	14.0%
Variance	0.5%	(0.2%)	(4.1%)	(0.1%)	(4.0%)
Assessment					

MEASURING RETURN TO WORK

RTW at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-Time Claims)

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	95.0%	94.1%	94.5%	95.0%	95.3%
Prior Year	N/A	N/A	94.7%	94.9%	95.0%
Variance	N/A	N/A	(0.2%)	0.1%	0.3%
Assessment					

MEASURING HEALTH CARE

Health Care Costs

($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	15	14	16	15	14
Prior Year	17	15	16	15	15
Variance	(2)	(1)	0	0	(1)
Assessment					

Benefit Payments					
($M)	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	68	65	67	65	60
Prior Year	75	72	73	71	68
Variance	(7)	(7)	(6)	(6)	(8)
Assessment	✓	✓	✓	✓	✓

MEASURING BENEFIT AWARDS
(as at end of quarter)

		Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Assessment	
							Last Quarter	Current Quarter
AVERAGE LOE ENTITLEMENT AWARD AT LOCK-IN	%	48.8%	59.8%	60.3%	52.7%	53.0%	✓	✗
	Prior Year	56.5%	57.0%	56.1%	54.9%	48.8%		
	Variance	(7.7%)	2.8%	4.2%	(2.2%)	4.2%		

Efficient Administration

Due to an increase in eAdjudication, 92.9% of eligibility decisions were made within 2 weeks.

Percentage of Eligibility Decisions Made within Two Weeks from the Claim Registration Date

	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Result	84.1%	86.7%	86.2%	92.3%	92.9%
Target	85.0%	85.0%	85.0%	85.0%	84.1%
Variance	(0.9%)	1.7%	1.2%	7.3%	8.8%
Assessment	✗	✓	✓	✓	✓

Quarterly Focus - Fairness

Introduction

The transformation of the WSIB continues, with a focus on our people, processes, technology and customer experience. Key to the long-term success of this transformation is ensuring that the system is built on our corporate values of building trust through fairness and integrity.

We know that to build trust we must ensure **fair outcomes** and **fair processes**, and we must demonstrate this fairness by conducting our business in an **open and transparent** manner. This section explains the actions we are taking in these three areas.

Fair outcomes

The first step to fairness is ensuring that injured workers receive the benefits to which they are entitled and that employers pay fair and reasonable premiums. This section discusses the steps the WSIB has taken to ensure significant improvements in business results are being achieved while injured workers and employers receive the benefits and services to which they are entitled.

Faster accurate decisions

Fast accurate decisions means that injured workers are able to receive the benefits to which they are entitled sooner and can focus on their recovery and return to work. We have increased the percentage of eligibility decisions made within two weeks to 93% in Q3 2012 from 65% prior to the implementation of the current service delivery model.

We recognize the importance of the accuracy of our eligibility decisions, and therefore on a quarterly basis we evaluate the quality of these decisions. In Q2 2012, 95% of initial entitlement decisions from a random sample were found to be in accordance with legislation and policy. These evaluations are part of our quality assurance measures with the objective to continually improve on the fairness of our decisions and customer service.

Improved recovery and return to work outcomes

Research has shown that consistent and rigorous case management along with better support for recovery and return to work, results in improved outcomes for injured workers.

One of our key measures is the average loss-of-earnings benefit received by injured workers. The result for this measure has not changed over time. However, recovery and return to work outcomes have improved significantly in recent years; for example, the percentage of workers returning to work without a wage loss within a year improved to 92% in Q3 2012, compared with 85% prior to the implementation of the current service delivery model. This means that when injured, workers are still receiving the same benefits as always, but are recovering and returning to work quicker.

Improved financial results

For employers, premium rates and the way we set them are important indicators of fairness. The WSIB currently has one of the lowest new claims cost for any jurisdiction in Canada. Our disciplined approach to establishing premium rates has brought our premium revenue in-line with our benefit costs, resulting in our first surplus in a decade in 2011. These results have continued into 2012, stabilizing the UFL and helping to ensure future generations are not unfairly burdened.

We engage in extensive consultation as part of our premium rate setting process. In line with the recommendations of the WSIB Funding Review in 2011, we are launching a stakeholder consultation to look at employer classification, rate setting, and experience rating. Details are available on our website.

Fair processes

Sharing information and providing independent advice

Fairness begins with workers and employers understanding their rights and responsibilities. That is why we fund the Office of the Employer Advisor (OEA) and the Office of the Worker Advisor (OWA). These independent bodies provide free advice and representation to injured workers and employers in their interactions with the WSIB.

To provide more opportunities for assistance to injured workers, we fund the Injured Workers Outreach Services (IWOS), a network of 15 independent agencies that provide free information, advice and education to injured workers and their families. Each IWOS office works independently and is governed by a volunteer Board of Directors. Staffed

Quarterly Focus - Fairness

with Peer Helpers, who are often injured workers themselves, IWOS informs workers of their rights and advocates on their behalf. Our senior management team meets regularly with the IWOS representatives to share ideas, discuss challenges, and explain what the WSIB is doing to resolve them.

To assist employers and injured workers who cannot adequately communicate in English or French, we offer translation and interpretation services in more than 65 languages. These services were provided as part of our response to the recent Hampstead incident that claimed the lives of 10 foreign agriculture workers and severely injured another.

Enabling easy access to service

Fair organizations are easy to deal with and actively remove barriers to access. We are making it easier to access our services, and we are working to become a more flexible, less bureaucratic organization. We are focused on the two areas most used by injured workers and employers: **telephone** and **eServices.**

Telephone

Approximately 80% of injured workers and employers use the telephone as their primary and preferred method of connecting with the WSIB. That makes it an important communication channel for continuous improvement.

As a first step, in 2011, we started to consolidate the number of published contact points, making it simpler for our customers to get access to information and resources. We also recognized that people were having trouble reaching us during our regular business hours, so we extended our hours of operation.

To provide more timely service, we established a call centre model in our Employer Service Centre which services employer accounts. Since its introduction, 98% of telephone calls from employers are answered live within one minute, compared to 50% in 2010. Additionally, we have built a core team of contact centre experts to work directly with the business units across the WSIB to measure and evaluate our performance on the timeliness and quality of our customer experience. We plan to roll out these quality improvements to the rest of the front line staff in 2013.

eServices

A major component of our transformation and modernization effort is to increase access for employers and workers. We have increased the number of real time self-service options available for our customers. Our eServices offer 24/7 access, making it easier for workplace parties to get back to what matters. Currently there are seven eServices available, including eRegistration, eClearance, eForm7 and eForm6. We continue to enhance these services while adding to the suite of eServices available.

eAdjudication facilitates faster eligibility decisions, faster benefit payments and earlier interventions for recovery and return to work. It also allows case managers to focus on more complex cases and provide more timely service. We have increased the number of claims that are eAdjudicated to approximately 40% and anticipate being close to 50% by year end. To ensure all denied claims are thoroughly reviewed, only allowed claims are eAdjudicated with all claim denials decided by a claim adjudicator.

Resolving disputes

The WSIB has a robust appeals process. All WSIB decisions can be appealed – first to the business area, and if necessary, to our Appeals Services Division, and finally to the Workplace Safety and Insurance Appeals Tribunal (WSIAT), an independent entity. Injured workers and employers may seek support from the OWA and the OEA to help them with their appeal efforts.

Of the over one million decisions made each year, less than 1% are appealed to the WSIB's Appeals Services Division. When files are appealed, the Appeals Services Division works to ensure timely, fair and transparent final resolutions of worker and employer appeals. The WSIB is currently consulting on several proposals to improve the process for addressing appeals so that workers and employers can have a faster resolution of their appeals.

We also fund the Fair Practices Commission, the organizational ombudsman. Reporting directly to the WSIB Board of Directors, the Commission is an independent, neutral and confidential resource for injured workers, employers and service providers that address concerns about the fairness of our services.

We have worked closely with the Commission to improve fairness. Recent improvements are reflected in the Commission's 2011 annual report, which states: "This year, Commission specialists conducted fewer inquiries into fairness issues because WSIB staff acted quickly to resolve issues in the first instance, a sign of the WSIB's commitment to improving its service delivery," and "overall, the WSIB is doing a better job of addressing fairness issues at the first instance."

Ensuring compliance

Our Compliance Strategy is anchored in a commitment to education and communication. It promotes the full and fair participation of all parties. Compliance ensures all employers pay their fair share and all workers receive the benefits to which they are entitled. Initiatives such as the Canada Revenue Agency Registration and Payroll matching campaigns level the playing field and ensure workers are adequately covered. In 2012 alone, these initiatives have resulted in the registration of approximately 2,300 firms and $9.1M in additional premiums.

As a result of a recommendation from the Funding Review, we initiated an independent research study to assess the scope of claim suppression in Ontario. One of the most in-depth studies of its kind, it will focus on understanding the prevalence and root cause(s) of intentional suppression or manipulation of legitimate workplace insurance claims.

Openness and transparency

Providing opportunities for input

We are committed to stakeholder engagement and consultation. In 2010, we established four Chair's Advisory Committees comprised of employer and worker stakeholders. These committees meet quarterly with the WSIB Chair, President and Senior Management team to provide the WSIB with our stakeholder's perspective on our strategies, initiatives and challenges.

Our Framework for Policy Development and Renewal was developed in 2011 to enhance our policy development and consultation processes, and make policies easier to understand and apply. To ensure stakeholders can participate and are engaged in the process, the WSIB established a Consultation Secretariat. A key focus of the Secretariat is to develop and implement consultation strategies for the Framework and other strategic priorities.

In 2012, we announced the Benefits Policy Consultation and the Rate Framework Consultation. Led by independent chairs, these consultations will provide meaningful opportunities for information sharing and input from the public, key stakeholders and the broader injured worker, labour and employer communities.

Transparency of results

We are making sure our stakeholders have access to data that can be used to evaluate our performance. We publish quarterly financial statements and the Measuring Results reports on our website. These documents provide stakeholders with detailed information and analysis about our financial and operational performance; as well as highlighting challenges and management actions to meet them.

We have also created a centralized data request process to provide all interested parties with easier access to information. As of the end of September 2012, we have responded to over 450 external inquiries through this process. Additionally, we are updating our annual Statistical Supplement to provide stakeholders with greater insight into the system's performance. The new and improved Statistical Supplement will be available by the end of 2012.

Conclusion

In the near future, we plan to include a fairness measure in the Measuring Results Report. This measure will help to ensure we continue to ensure fair outcomes and fair processes for all our customers.

We are building systems and services that meet the needs of our customers and are fair and accessible for all; and we are committed to ensuring that employers and workers get the services and support they need in a timely, fair and consistent manner to get back to what matters – recovery and return to work.

Glossary

Measure	Definition	Notes	Page
Administrative and Other Expenses	Total cost of administering the Workplace Safety and Insurance Act (WSIA).	Includes operating expenses and project costs less administrative costs associated with claims administration allocated to benefit costs Excludes Schedule 2	8, 19
Administrative Expenses per $100 of Insurable Earnings	The ratio of administrative costs to operate the system (excludes legislated obligation costs) to $100 of insurable earnings (applicable insurable earnings required by legislation to determine premiums submitted by employers to the WSIB)	Includes operating expenses and project costs prior to the allocation of administrative costs associated with claims administration and Schedule 2 reimbursements	19
Annual Reputation Index **Employers or Injured Workers**	The percentage of registered employers or injured workers that have a positive perception of the WSIB in the specified year Average rating of the questions in the index	External survey results: index calculated using a straight average of 6 measures equally weighted Schedule 1 and 2	21
Annual Reputation Index **Non-clients**	The percentage of non-registered employers and general workers (without a WSIB claim) that have a positive perception of the WSIB in the specified year Average rating of the questions in the index	External survey results: index calculated using a straight average of 4 measures equally weighted Schedule 1 and 2	21
Appeals - % of Resolved Appeals Allowed/Allowed in part	The percentage of resolved appeals allowed, in full or in part	Represents a percentage of total appeal resolutions Schedule 1 and 2	20
Average LOE Entitlement Award at Lock-in	The average entitlement percent for workers having reached Loss of Earnings (LOE) lock-in for the specified period	By lock-in date. This measure does not use a lag period	16, 27
Average PI Award Percentage	The average Non-Economic Loss (NEL) award quantum (permanent impairment %) for awards made in the specified period	By NEL award year, including lost-time and no lost-time claims This measure does not use a lag period	17, 26
Benefit Costs	Benefit costs consist of benefit costs paid (the amount paid to or on behalf of injured and ill workers), the change in benefit liabilities (the adjustment to the actuarially determined estimates for future claim costs for current and prior-year claims) and claims administration costs	Excludes Schedule 2	8

Glossary

Measure	Definition	Notes	Page
Benefit Payments	Benefit payments represent the amount paid to or on behalf of injured and ill workers	Includes Loss of Earnings (LOE), Workers' Pension, Health Care, Future Economic Loss (FEL), Survivor Benefits, External Providers and Non-Economic Loss (NEL) Excludes benefit liabilities and claims administration costs	17, 27
Comprehensive Income/(Loss) Attributable to WSIB Stakeholders	Total revenue less total expenses and non-controlling interests	Excludes Schedule 2	9
Funding Ratio	The ratio of total assets to total liabilities as at the end of the reporting period (expressed as a percentage)	Excludes non-controlling interest in pooled investments Excludes Schedule 2	9
Health Care Costs	The cumulative cost associated with health benefits for injured workers related to health services and drugs	Includes health care costs paid to the Ministry of Health (MOH)	17, 26
Insurable Earnings	Applicable insurable earnings required by legislation to determine premiums submitted by employers to the WSIB	Insurable earnings is a factor of employment times average wages Excludes Schedule 2	10
Insurance Fund Total Returns	The total compounded annual returns for the Insurance Fund as at the end of the reporting period over one-, five-, 10- and 15- year periods		11
Net Investment Income/(Loss)	The sum of all realized and unrealized gains and losses earned on insurance fund, non-controlling interests and the loss of retirement income investment portfolio, net of investment expenses		8, 11
Net Surcharge/ (Rebate) Incentive Program	Provision on 'surcharges to be paid by employers' net of 'refunds to be paid to employers' for all experience rating programs	Includes NEER, CAD-7, Safety Group, SCIP, Workwell and MAP	10

Glossary

Measure	Definition	Notes	Page
New Claims	The distribution of new registered claims by allowed, denied, pending and abandoned status that were registered in the specified period % Allowed excludes pending	By registration year (regardless of injury year) Includes Lost-Time Injuries (LTIs), No Lost-Time Injuries (NLTIs) and Fatalities Denied claims are claims determined to be non-work related, or claims by workers who were not covered under the Workplace Safety and Insurance Act (WSIA) Pending claims are claims for which a decision has not yet been made Abandoned claims are claims that have been withdrawn by the worker or the WSIB could not gather sufficient information to make an entitlement decision Excludes amalgamated, and PEIR (Program for Exposure Incident Reporting) claims	13, 24
Non-locked-in Claims on 100% LOE (as a % of Total Current Claims)	The percentage of all non-locked-in claims, excluding new and other claims, which are awarded 100% full benefits	The higher the percentage of claims that are awarded 100% benefits, the higher the number of workers not returned to work or modified work	16
Number of New High Impact claims	The number of new allowed high impact claims for the period specified	By injury year Based on first allowed Lost-Time Injuries (LTIs) including fatalities regardless of costs, for lower back, shoulder and fracture	13, 24
Occupational Disease Fatalities	The number of allowed occupational disease fatal claims by decision date	By year of entitlement (regardless of injury year) Data is unmatured	12, 24
Percentage of Eligibility Decisions made within two weeks from the Claim Registration Date	The percentage of claims where eligibility decisions are made within the targeted timeframe of 10 business days after their registration date	Excludes occupational disease, serious injury, fatality, withdrawn, abandoned and re-opened claims	18, 28
Percentage of Workers with a PI	The percentage of allowed lost-time cases with a Non-Economic Loss (NEL) award	By injury year Data has a three year lag	17, 26

Glossary

Measure	Definition	Notes	Page
Percentage on Benefits	The year-to-date percentage of injured or ill workers that continue to receive full or partial Loss of Earnings (LOE) benefits on the specified anniversary		14, 15, 25
Premiums	Premiums that are charged to Schedule 1 employers to cover the cost of the current year's claims, the future cost of administering these claims, overhead expenses, and the cost of incentive programs	Excludes Schedule 2 reimbursement of benefits paid	8, 10
Program Index – Account Management	The percentage of registered employers that are very satisfied or somewhat satisfied with the WSIB's account management processes Average rating of the questions in the index	External survey results: index calculated using a straight average of 8 measures equally weighted Schedule 1 and 2	21
Program Index – Claims Employers or Injured Workers	The percentage of registered employers or injured workers that are very satisfied or somewhat satisfied with the WSIB's claims processes Average rating of the questions in the index	External survey results: index calculated using a straight average of 8 measures equally weighted Schedule 1 and 2	21
Revenues	The sum of premiums and net investment income.	Investment income includes both realized and unrealized gains / (losses) on investment assets Excludes Schedule 2	11
RTW at 100% Pre-injury Earnings at 12 months (Allowed Lost-time Claims)	The percentage of allowed lost-time claims returned to work with no wage loss within 12 months of injury date	Data is matured 3 months	17, 26
Service Excellence Index - Account Management	The percentage of registered employers that are very satisfied or somewhat satisfied with their interactions relating to their account management Average rating of the questions in the index	External survey results: index calculated using a straight average of 9 measures equally weighted Schedule 1 and 2	21

Glossary

Measure	Definition	Notes	Page
Service Excellence Index – Claims **Employers or Injured Workers**	The percentage of registered employers or injured workers that are very satisfied or somewhat satisfied with their interactions relating to claims Average rating of the questions in the index	External survey results: index calculated using a straight average of 12 measures equally weighted Schedule 1 and 2	21
Total Wage Loss Claims Inventory	The distribution of wage loss claims	Includes Schedule 1 locked-in and non-locked-in claims Includes claims from all legislations (Pre-1990, Bill 162, Bill 99) Excludes health care claims and no lost-time claims	15
Traumatic Fatalities	The number of allowed traumatic fatal claims in the period specified	By year of death Data is un-matured	12, 24
Unfunded Liability	The deficiency of net assets attributable to WSIB stakeholders as at the end of the reporting period	Reflects the WSIB's ability to meet all future payment obligations based on existing assets and liabilities, expressed as an absolute dollar value Excludes Schedule 2	9
YTD Lost-time Injury/Illness Rate **Schedule 1**	The year-to-date number of allowed lost-time injury and illness claims per 100 Full-Time Equivalent (FTE) workers for the injury year specified	A calculation based on total allowed lost-time injuries/illness/fatalities and derived FTE Derived FTE is based on employer's insurable earnings and average hourly wage defined by the WSIB's Actuarial Services Excludes fatalities that were not entitled to Loss of Earnings (LOE) Data is unmatured	13
YTD Lost-time Injury/Illness Rate **Schedule 2**	The year-to-date number of allowed lost-time injury and illness claims per 100 Full-Time Equivalent (FTE) workers for the Injury Year specified	A calculation based on total allowed lost-time injuries/illness/fatalities and an estimated FTE Since the WSIB does not collect Schedule 2 payroll information the same methodology cannot be used to derive Schedule 2 FTE. The Schedule 2 FTE is an estimate based on data from Statistics Canada's Survey of Employment, Payrolls and Hours (SEPH) Excludes fatalities that were not entitled to Loss of Earnings (LOE) Data is unmatured	24

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