2012-2016 Strategic Plan:
Measuring Results

Q4 2013 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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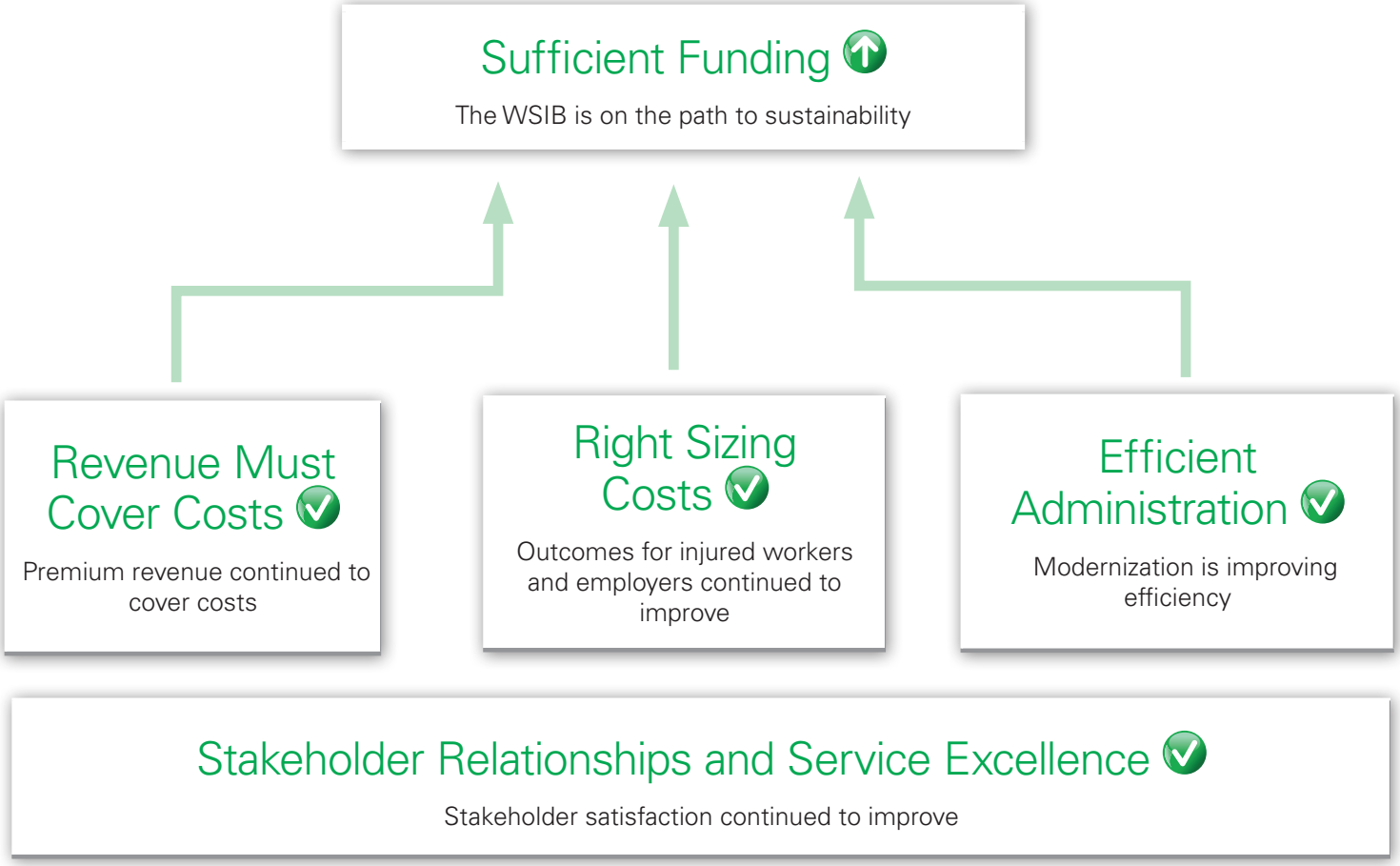
Assessment of Q4 2013 Results



LEGEND:

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

Discussion & Analysis

In 2013, the WSIB continued its journey along the path to sustainability, while continuing to invest in its transformation and modernization.

Our focus on health care, recovery, and return to work has resulted in strong operational outcomes. The effects of the service delivery model are now being reflected in improvements to longer duration claims. For the first time ever, claims from 1999 and later saw a year-over-year decrease in the percentage of workers on benefits at 72 months.

For workplace parties, the focus on modernization has streamlined communication and improved access to our front-line staff. This, combined with our Customer Service Excellence program, has resulted in some of the best customer service results since tracking began in 2011.

While the WSIB's recovery continues to be in a fragile state, the underlying financial performance improved in 2013. Premium revenue covered operating expenses, and the WSIB achieved core earnings of $715M. Additionally, our investment fund achieved a return of 12.7%. Combined, this resulted in a 9.0% improvement in the Sufficiency Ratio to 66%, moving the WSIB into the "Recovery Zone" as defined by Professor Harry Arthurs in his report, *Funding Fairness.*

Operational Results

Claims volumes and employment

After continuous year over year declines in the first three quarters of 2013, registered claims increased by 3.6% (1,694 claims) in the fourth quarter. The increase was mostly driven by increases in the construction and transportation sector. We continue to closely monitor the volume of incoming claims and expect that as employment continues to grow, the trend in decreasing claim volumes may slow and potentially reverse.

Overall, in 2013 the number of registered claims decreased marginally, even while employment increased. As a result, the lost-time injury rate decreased by 5.3% to 0.98 per 100 workers, the lowest in Canada.

Four of the six largest sectors experienced a decline in claim volumes. Claims for the automotive, manufacturing, health care and services sectors decreased even while employment grew. Partly due to mandatory coverage, the construction sector had the largest increase in both claims and Full Time Equivalent Workers (FTEs) – a 5% (995) increase in registered claims and a 13.4% increase in FTEs.

The transportation sector had the second largest increase in claim volume with an increase of 631 claims (4%), while its FTEs grew by 4.5%.

Once claims are registered, the WSIB continues to make quick eligibility decisions. In 2013, 92% of eligibility decisions were made within two weeks, helping to ensure that injured workers receive the benefits they are entitled to sooner, and can focus on their recovery and return to work. The percentage of claims allowed in 2013 remained unchanged at 79.7%.

Strong return to work results

The WSIB continued to maintain strong return to work outcomes for injured workers. In 2013, for the first time since the introduction of the Workplace Safety and Insurance Act (Bill 99) in January 1998, the percentage of workers on benefits at 72 months decreased compared to the prior year. Improvements in all durations, with the exception of three months, combined with fewer new claims resulted in a 16.7% reduction in the non-locked-in claim inventory, to 16,974 from 20,368 in Q4 2012.

After a steady decline from 16.5% in 2008 to 11.5% in Q1 2013, the percentage of workers on benefits at three months increased slightly to 11.9% at the end of 2013. Work has been undertaken to understand this recent increase and identify opportunities to better support workplace parties in their return to work efforts during the early stages of a claim.

As mentioned in the Q3 Measuring Results Report, the WSIB introduced new services in 2013 tailored to meet the needs of workers who face multiple barriers to return to work. These include practical work experience to help workers gradually readjust to returning to employment, as well as vocation-based English-as-a-second-language training to provide workers with employment-based language skills focused on workplace-specific vocabulary.

As a result of these and other investments, the vast majority of injured workers continue to return to work quickly with no wage loss. In 2013, 92% of injured workers returned to work with no wage loss within one year. Workers who required longer-term support were also more successful in mitigating their wage loss; in 2013, 70% of workers who completed their work transition program returned to work, compared to 36% in 2009.

Facilitating recovery

In 2013, the WSIB continued to focus on providing high quality, specialized and timely health care for injured workers. We invested more to enable injured workers to recover more quickly; the average health care costs per worker increased by 2.2%. However, as a result of fewer claims and improved recovery results, overall health costs decreased by $2.0M (0.6%).

These improved recovery outcomes were made possible by integrating recovery and return to work planning with initiatives such as the new Regional Evaluation Centre (REC) program for workers with musculoskeletal injuries, and improved access to Specialty Clinics and Programs of Care. Combined, the costs for the Specialty Clinics, RECs and Programs of Care increased by 5.6% ($4.4M) and the average costs per claim for these programs increased by 6.1%, 12.0%, and 2.1% respectively. The increase in the costs for these programs was off-set by a decrease in costs for fee for service programs.

In 2013, fewer injuries resulted in permanent impairments. The percentage of workers with a permanent impairment decreased by 2.3% from 8.9% in 2012 to 6.6% in 2013, and the average level of impairment decreased by 0.6% from 10.4% in 2012 to 9.7% in 2013. This is a significant improvement compared to 2009 when the percentage of workers with a PI was 12.7% and the average PI rating was 14.4%.

Improved customer satisfaction

Results from the Q4 2013 customer satisfaction survey revealed that our transformation efforts have resulted in significant gains in customer satisfaction, which continue to reach some of the highest levels since tracking began in 2011. The employer service excellence scores for claims and accounts increased to 84% and 87%, from 81% and 84% respectively. Injured workers satisfaction with the service relating to claims increased to 77% from 69% in Q4 2012.

Efforts to improve the customer experience have proven successful. These results have been achieved through continued improvement initiatives in training, telephone workforce management, quality programs, and the recent expansion of our customer service excellence program to include all front line staff.

Injured workers' impressions of the WSIB have improved in all areas – reputation, program and service excellence. We feel confident that this reflects the WSIB's improvements in making workers feel more respected. Research has shown that feeling respected is the top driver of workers' trust in the organization (reputation) and satisfaction with service. Injured workers were also more satisfied across all 12 measures of the service excellence index. They were particularly satisfied with our timely response to questions or requests, the courteousness of our staff, and the amount of time in which they received a required service.

In 2013, we also introduced phone reporting (Teleclaim), which allows employers and workers to register their claim directly with the WSIB over the phone. In surveys conducted by WSIB, employers and injured workers indicated a high degree of satisfaction (over 90%) with this service. Uptake in our eServices has also improved: 95.1% of clearance certificates were issued online, 68.1% of new accounts were registered using eRegistration, and use of ePremiums increased to 55.3%. Notably, the WSIB is also saving employers more than $500,000 annually in administration costs due to the redesign of the Form 7. This achievement was highlighted in the Government of Ontario's recently released Open for Business burden reduction report, *"Fewer Burdens, Greater Growth."*

Appeals modernization improves efficiency

In 2013, the WSIB introduced reforms to the appeals program that were designed to help manage appeals more efficiently. While the new process has only been in effect since February 1, 2013, early indications are that the new system has greatly improved timeliness while maintaining the quality of decision making, thus increasing fairness to workers and employers. Details of the new process and the resulting efficiencies are discussed in the Quarterly Focus section of the Report on page 21.

Financial Results

Premiums covering operating expenses

Gross premiums increased by $331M (8.0%) with $168M of the increase resulting from growth in insurable payroll and $155M resulting from a 2.5% increase in the average premium rate. Partly due to mandatory coverage, the construction sector had the largest increase in insurable earnings with an increase of 15.1%. Other sectors with notable increases included services and transportation, which grew by 2.8% and 4.3% respectively.

Improved business performance allowed the WSIB to transfer $850M to the investment fund in 2013 and to hold premium rates at the same level for 2014.

Benefit payments

Improved recovery and return to work outcomes combined with fewer new claims resulted in the continued improvement in benefit payments. In 2013, benefit payments decreased by 5.5%, from $2,664M in 2012 to $2,518M in 2013.

Discussion & Analysis

Investment returns

Improving global economic conditions boosted investment markets resulting in significant beneficial impacts on WSIB's 2013 results. For the full year 2013, total fund investment returns increased to 12.7% ($2,042M) from 10.5% ($1,459M) in 2012.

Public equities were the dominant driver in 2013 (+28%), more so than in 2012, in response to positive economic indicators while inflation continued to remain low. Bond returns in 2013 were weak (-1%) compared with 2012 (+4%), as interest rates increased in light of the global economic recovery. The WSIB's other strategies positively contributed to total fund returns in 2013 with some higher and some lower than 2012.

While we appreciate these strong 2013 investment returns, we do not expect them to be sustained over the long-term and continue to target a 6% long-term rate of return on our investments.

Changes in the employees benefit plans

Another impact of improving investment markets was on the WSIB's employee benefit plan. In the fourth quarter, the continued improvements in the long-term corporate bond rate contributed to an additional $308M decrease in the WSIB's employee benefit plans liability, for total other comprehensive income of $840M in 2013. While this change significantly impacts the WSIB's financial statements, it is a one-time non-cash adjustment and cannot be relied upon on an on-going basis.

Improved funding position

Thanks to improvements in the underlying business performance, better than expected investment returns and a onetime decrease in employee pension liability, the UFL decreased by $3,423M, from $14,061M in 2012 to $10,638M in 2013. The WSIB's Sufficiency Ratio increased from 57.0% in 2012 to 66.0% in 2013. These results should be interpreted with caution as they were heavily influenced by higher than expected investment returns and the one-time decrease in pension liability.

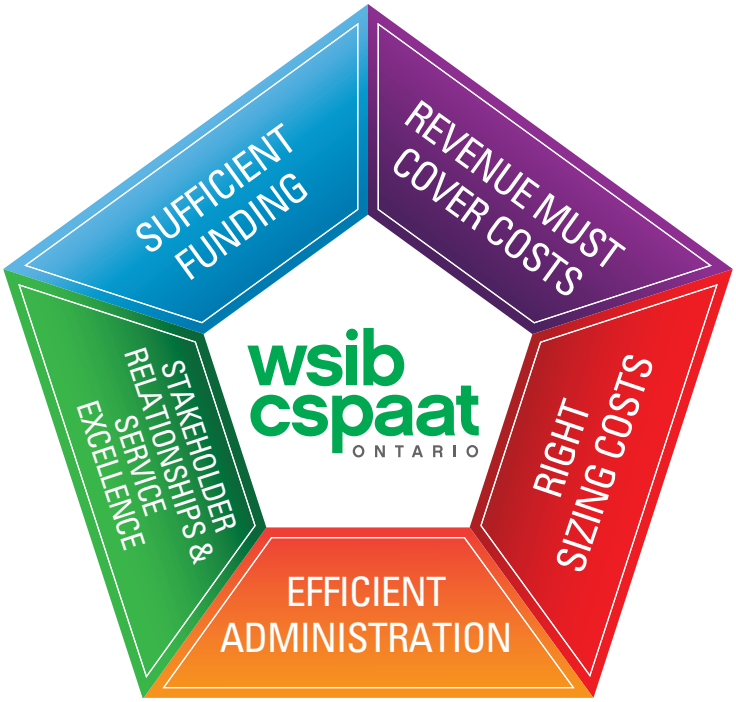
Changes to the sufficiency calculation

Our 2013 results highlight how accounting standard changes and financial market performance can significantly impact the WSIB's funding position. To mitigate impacts from these sources, the Government of Ontario has accepted the proposed changes to our Sufficiency Regulation to allow the WSIB to value both assets and liabilities on a long-term, going concern basis to calculate our Sufficiency Ratio. Using our new sufficiency calculations that become effective January 1, 2014, the WSIB's Sufficiency Ratio at the end of 2013 would be 62.8%. Details on the Sufficiency Ratio can be found in the Q4 2013 Sufficiency Report on the WSIB's website.

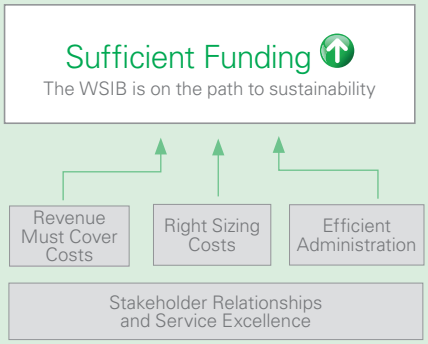
Significant progress made under the Strategic Plan

Since the release of the 2012-2016 Strategic Plan, the WSIB has achieved significant improvements in its operational and financial results. We now have some of the best recovery and return to work outcomes in Canada, strong customer satisfaction results, and we are steadily moving towards a sustainable workers' compensation system. While we are satisfied with the improvements achieved, the road ahead will continue to be challenging.

In June 2013, the WSIB's Board of Directors (BoD) met to review the 2012-2016 Strategic Plan. They undertook a comprehensive assessment of our current operating environment and performance since 2012. The BoD confirmed our strategic direction and core values of trust, integrity and fairness, and reaffirmed our vision to become the leading workplace compensation board. The 2014 update confirms the original strategic direction and framework for the WSIB. Like the original five-year plan, it outlines a range of solutions designed to enhance the WSIB's services, help injured workers and employers get back to what matters and help to bring the WSIB to a sufficiently funded position.



Schedule 1 Results by Pillar



Sufficient Funding

While the underlying performance of the WSIB continued to improve, the financial results in 2013 were largely driven by strong investment returns and changes to the employee benefit plan. As a result, the UFL decreased by $3,423M, from $14,061M in 2012 to $10,638M in 2013. The WSIB's Sufficiency Ratio increased from 57.0% in 2012 to 66% in 2013, moving the WSIB into the "Recovery Zone" as defined by Professor Harry Arthurs in his report, *Funding Fairness.*

The Government of Ontario has accepted the proposed changes to our Sufficiency Regulation (see Discussion and Analysis). Using our new sufficiency calculations that become effective January 1, 2014, the WSIB's Sufficiency Ratio at the end of 2013 would be 62.8%.

Sufficiency Ratio						
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q4 2013 NEW*
Result	57.0%	59.3%	59.4%	62.2%	66.0%	62.8%
Budget	N/A	N/A	N/A	N/A	N/A	N/A
Variance	N/A	N/A	N/A	N/A	N/A	N/A
Assessment						

*Based on revised Sufficiency Regulations

Unfunded Liability					
($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013
Result	(14,061)**	(13,359)	(13,181)	(12,161)	(10,638)
Budget	(13,772)	(14,108)	(13,965)	(13,799)	(13,777)
Variance	(289)	749	784	1,638	3,139
Assessment					

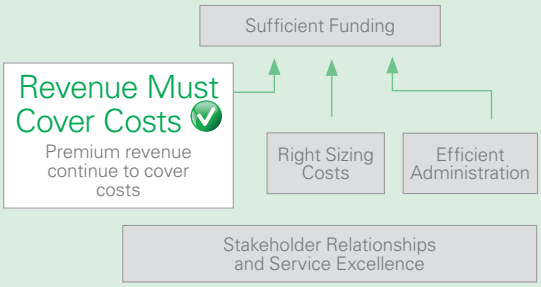
**Restated due to IFRS accounting changes.

Revenue Must Cover Costs	
Premiums	Investments

Right Sizing Costs
Benefit Cost

Efficient Administration
Administrative Expenses

Revenue Must Cover Costs



In 2013, for the third straight year, premium revenue covered operating expenses and the WSIB achieved core earnings of $715M.

In Q4, the WSIB reallocated payments for the WSIB's Prevention Incentive programs from Net Surcharge/(Rebate) Incentive Programs to Legislated Obligations. As a result, the Net Rebate stated in the Q4 Report is lower than reported in prior quarters.

YTD, the WSIB has accrued a net rebate of $80M, $40M (100%) higher than budget. Mr. Douglas Stanley recently released his report geared to improve fairness in the premium rate setting process. The WSIB is considering Mr. Stanley's recommendations and will bring forward options on a proposed Rate Framework for discussion with stakeholders in 2014.

Premiums						
($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	988	1,091	1,113	1,149	1,034	4,387
Budget	935	1,049	1,096	1,100	996	4,240
Variance	53	42	17	49	38	147
Assessment	✓	✓	✓	✓	✓	✓

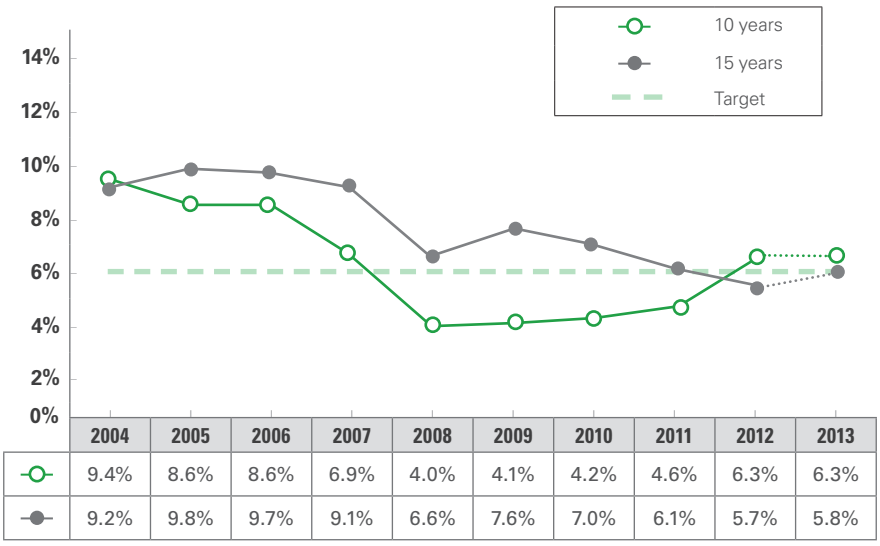
Insurable Earnings						
($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	37,154	45,806	45,924	42,772	37,273	171,776
Budget	35,496	44,763	44,607	42,649	37,698	169,718
Variance	1,658	1,043	1,317	123	(425)	2,058
Assessment	✓	✓	✓	✓	▽	✓

Net Surcharge / (Rebate) Incentive Programs						
($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	YTD 2013
Result	(15)	(10)	(15)	(20)	(36)	(80)
Budget	1	(9)	(9)	(9)	(10)	(40)
Variance	(16)	(1)	(6)	(11)	(26)	(40)
Assessment	✗	✗	✗	✗	✗	✗

Core Earnings						
($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	12	163	196	254	102	715
Budget	(33)	97	156	177	35	466
Variance	45	66	40	77	67	248
Assessment	✓	✓	✓	✓	✓	✓

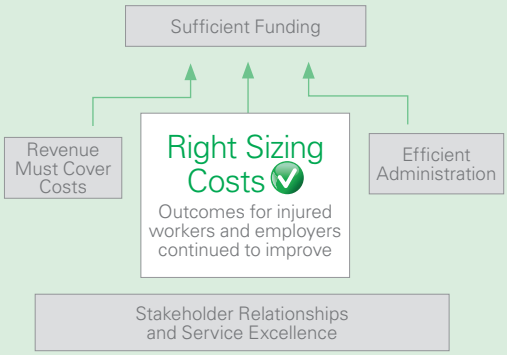
Insurance Fund Total Returns				
	1 Year	5 Years	10 Years	15 Years
Q4 2013	12.7%	9.5%	6.3%	5.8%
Target	N/A	N/A	6.0%	6.0%
Assessment	✱	✱	✓	✓

Investment Fund Total Returns



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
10 years	9.4%	8.6%	8.6%	6.9%	4.0%	4.1%	4.2%	4.6%	6.3%	6.3%
15 years	9.2%	9.8%	9.7%	9.1%	6.6%	7.6%	7.0%	6.1%	5.7%	5.8%

Right Sizing Costs



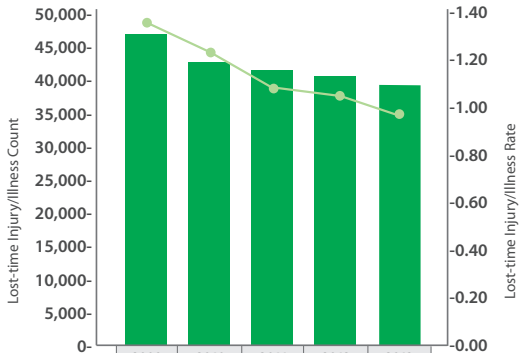
Workplace Injuries and Claims Inventory

In Q4 2013, the number of registered claims increased by 1,694 (3.6%) compared to Q4 2012. However YTD 2013, the WSIB registered 0.4% (708 claims) fewer claims compared to 2012.

Once registered, workers continue to recover and return to work more quickly. Compared to 2012, the percentage of workers on benefits improved across all durations with the exception of three month duration. As a result, the non-locked in claims inventory improved by 16.7%.

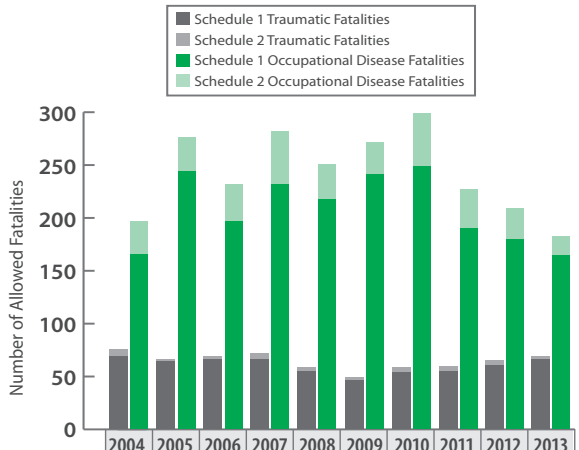
FIVE-YEAR TREND

Lost-Time Injury Illness Count & Rate



	2009	2010	2011	2012	2013
Total Allowed LTI	46,679	43,003	40,593	40,501	39,108
LTI Rate	1.29	1.17	1.07	1.04	0.98

WSIB – Allowed Traumatic & Occupational Disease Fatalities



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
	70	62	66	66	55	46	54	55	60	70
	5	1	2	5	1	3	4	4	5	3
TRM Fatalities Total	**75**	**63**	**68**	**71**	**56**	**49**	**58**	**59**	**65**	**73**
	161	230	197	229	221	229	250	191	189	159
	36	30	34	51	37	32	51	38	32	23
OD Fatalities Total	**197**	**260**	**231**	**280**	**258**	**261**	**301**	**229**	**221**	**182**

New Claims						
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Registered	46,954	46,585	48,511	50,794	48,648	194,442
Pending	4,160	4,711	4,218	4,355	5,011	5,670
Allowed	34,657	33,659	35,920	38,109	35,287	150,496
	81.0%	80.4%	81.1%	82.1%	80.9%	79.7%

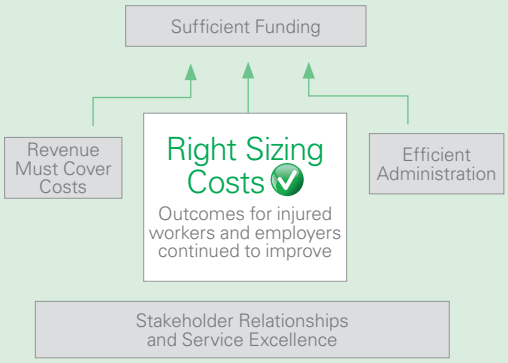
YTD Lost-time Injury/Illness Rate					
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013
Result	1.04	0.99	0.92	0.94	0.98
Prior Year	1.07	1.11	1.03	1.02	1.04
Variance	(2.8%)	(11.2%)	(10.7%)	(7.8%)	(6.0%)
Assessment	✓	✓	✓	✓	✓

Total Wage Loss Claims Inventory						
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Assessment
Total Claims	**175,696**	**174,226**	**172,472**	**170,923**	**170,434**	✓
Variance (prior year)	**(7,789)**	**(7,092)**	**(6,537)**	**(5,637)**	**(5,262)**	
Locked-in Claims	**155,328**	**154,688**	**154,128**	**153,809**	**153,460**	✓
Variance (from base)	**(1,583)**	**(640)**	**(1,200)**	**(1,519)**	**(1,868)**	
Non-locked-in Claims	**20,368**	**19,538**	**18,344**	**17,114**	**16,974**	✓
Variance (prior year)	**(6,206)**	**(5,724)**	**(5,093)**	**(3,962)**	**(3,394)**	

Duration						
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Assessment vs. Prior Year
3 months	**11.8%**	**11.5%**	**11.6%**	**11.7%**	**11.9%**	▽
6 months	**6.6%**	**6.4%**	**6.4%**	**6.5%**	**6.6%**	✓
12 months	**4.2%**	**3.9%**	**4.0%**	**3.9%**	**4.0%**	✓
24 months	**3.6%**	**3.3%**	**3.1%**	**2.9%**	**2.7%**	✓
48 months	**5.6%**	**5.1%**	**4.8%**	**4.3%**	**3.9%**	✓
72 months	**5.6%**	**5.6%**	**5.7%**	**5.6%**	**5.5%**	✓

Measuring Duration

	2008	2009	2010	2011	2012	2013
1 Year	8.1	8.9	7.0	5.6	4.2	4.0
2 Years	6.8	7.5	7.4	5.5	3.6	2.7
4 Years	5.6	5.9	6.5	6.6	5.6	3.9
6 Years	4.5	5.1	5.4	5.4	5.6	5.5



Right Sizing Costs

Recovery and Return to Work

As the result of early, expert medical interventions, the number of workers with permanent impairments continues to improve. In 2013, the percentage of workers with a permanent impairment decreased by 2.3% from 8.9% in 2012 to 6.6% in 2013. The average level of impairment also decreased by 0.6% from 10.4% in 2012 to 9.7% in 2013.

Improved recovery and return to work outcomes combined with fewer claims resulted in a 3.6% decrease in benefit payments, from $2,664M in 2012 to $2,518M in 2013.

Benefit Payments

($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	649	640	636	613	629	2,518
Prior Year	692	705	673	637	649	2,664
Variance	(43)	(65)	(37)	(24)	(20)	(146)
Assessment	✓	✓	✓	✓	✓	✓

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

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	91.4%	91.2%	91.7%	90.9%	91.0%	91.2%
Prior Year	90.5%	91.4%	91.4%	91.4%	91.4%	91.4%
Variance	0.9%	(0.2%)	0.3%	(0.5%)	(0.4%)	(0.2%)
Assessment	✓	▽	✓	▽	▽	▽

Percentage of Workers with a PI

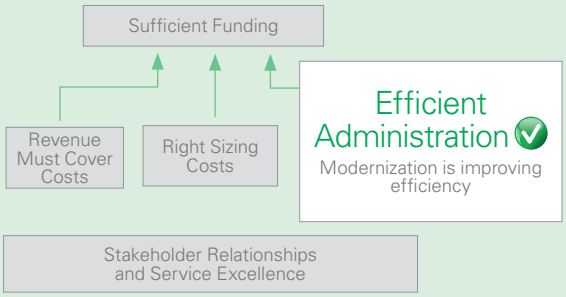
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	8.3%	7.6%	6.7%	5.9%	6.3%	6.6%
Benchmark	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
Variance	(0.7%)	(1.4%)	(2.3%)	(3.1%)	(2.7%)	(2.4%)
Assessment	✓	✓	✓	✓	✓	✓

Average PI Award Percentage

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	9.7%	9.9%	9.3%	10.1%	9.8%	9.7%
Benchmark	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
Variance	(1.3%)	(1.1%)	(1.7%)	(0.9%)	(1.2%)	(1.3%)
Assessment	✓	✓	✓	✓	✓	✓

		Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Average LOE Entitlement Award at Lock-in	%	49.1%	48.7%	47.0%	46.6%	46.7%	47.3%
	Prior Year	51.3%	51.5%	50.3%	48.0%	49.1%	49.7%
	Variance	(2.2%)	(2.8%)	(3.3%)	(1.4%)	(2.4%)	(2.4%)
	Assessment	✓	✓	✓	✓	✓	✓

Efficient Administration



The WSIB held the line on administration expenses while continuing to invest in its modernization. Uptake in our eServices improved: 95.1% of clearance certificates were issued online, 68.1% of new accounts were registered using eRegistration, and use of ePremiums increased to 55.3%. In 2013, 91.7% of all eligibility decisions were made within two weeks.

Total administration expenses were within 1.5% of budget in 2013 and our administrative expense per $100 of insurable payroll was on budget at $0.47.

Legislated Obligations were $286M for 2013, $14M below budget.

Administrative Expenses

($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	230	193	202	194	217	806
Budget	192	201	193	191	210	795
Variance	38	(8)	9	3	7	11
Assessment	✗	✓	▽	▽	▽	▽

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

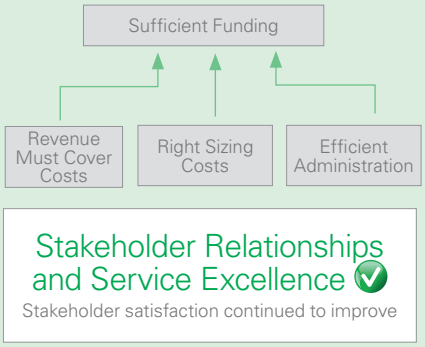
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	90.3%	92.0%	91.8%	92.3%	90.8%	91.7%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Variance	5.3%	7.0%	6.8%	7.3%	5.8%	6.7%
Assessment	✓	✓	✓	✓	✓	✓

Administrative Expenses per $100 of Insurable Earnings

($ / $100)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	$0.62	$0.42	$0.44	$0.45	$0.58	$0.47
Budget	$0.54	$0.45	$0.43	$0.45	$0.56	$0.47
Variance	$0.08	($0.03)	$0.01	$0.00	$0.02	$0.00
Assessment	✗	✓	▽	✓	▽	✓

Legislated Obligations

($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD	2013 YTD BUDGET	ASSESSMENT
Prevention	68.0	70.0	55.0	64.0	60.0	248.0	261.0	✓
Non-Prevention	12.0	9.0	9.0	8.0	11.0	38.0	39.0	✓
Total	79.0	79.0	64.0	72.0	71.0	286.0	300.0	✓



Stakeholder Relationships and Service Excellence

In 2013, the WSIB achieved some of the best customer satisfaction results ever. Employer satisfaction with the claims and account management programs increased to 81%, from 76% and 78% respectively in Q4 2012. Worker satisfaction with the claims programs increased to 71% in Q4 2013, from 62% in Q4 2012.

The WSIB's service excellence score also improved.The employer service excellence scores for claims and accounts increased to 84% and 87%, from 81% and 84% respectively in Q4 2012. Injured workers satisfaction with the service relating to claims increased to 77% from 69% in Q4 2012.

MEASURING APPEALS SCHEDULE 1 & 2

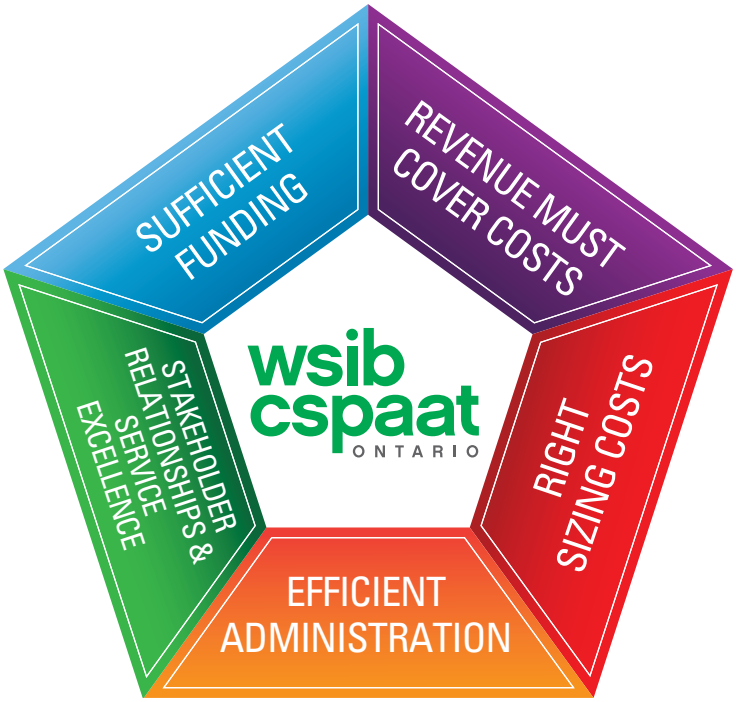
Appeals					
		Q1 2013	Q2 2013	Q3 2013	Q4 2013
# of Appeals Received		1,933	3,418	1,991	2,225
# of Appeals Resolved		3,328	3,047	3,034	3,090
% of Resolved Appeals	Allowed	14%	16%	14%	15%
	Allowed/Denied in Part	14%	15%	13%	12%
% Appeals Resolved in 12 months		77.3%	75.8%	62.3%	82.6%

MEASURING CUSTOMER SATISFACTION SCHEDULE 1 & 2

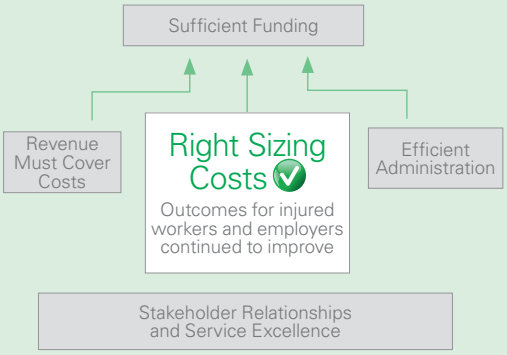
2012 Annual Reputation Index			
	Injured Workers	Employers	Non-clients
% Very or Somewhat Favourable	60%	68%	56%
Average Rating	6.0	6.5	6.2

Program Index							
		Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Assessment
Claims – Employers	% Very Satisfied or Somewhat Satisfied	76%	76%	73%	80%	81%	
	Average Rating	7.1	7.0	6.8	7.4	7.2	
Claims – Injured Workers	% Very Satisfied or Somewhat Satisfied	62%	63%	65%	71%	71%	
	Average Rating	6.0	6.4	6.4	6.8	6.9	
Account Management	% Very Satisfied or Somewhat Satisfied	78%	77%	78%	78%	81%	
	Average Rating	7.3	7.2	7.4	7.4	7.4	

Service Excellence Index							
		Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Assessment
Claims – Employers	% Very Satisfied or Somewhat Satisfied	81%	81%	80%	85%	84%	
	Average Rating	7.5	7.4	7.4	7.8	7.6	
Claims – Injured Workers	% Very Satisfied or Somewhat Satisfied	69%	71%	74%	77%	77%	
	Average Rating	6.6	6.9	7.1	7.3	7.4	
Account Management	% Very Satisfied or Somewhat Satisfied	84%	82%	85%	84%	87%	
	Average Rating	7.6	7.6	7.9	7.8	7.8	



Schedule 2 Results by Pillar



Right Sizing Costs

Workplace Injuries and Claims Inventory

Schedule 2 employers had 0.7% (258) fewer claims in 2013 compared to 2012. However, the allowed lost-time claims increased by 0.7% (86 claims), while employment decreased slightly by less than 1%. As a result, the LTI rate increased slightly from 1.87% in 2012 to 1.90% in 2013.

The percentage of workers on benefits at 3 and 12 months, has seen a slight increase compared to Q4 2012. Work has been undertaken to understand this recent increase and identify opportunities to better support workplace parties in their return to work efforts during the early stages of a claim.

Longer term durations continued to improve.

New Claims

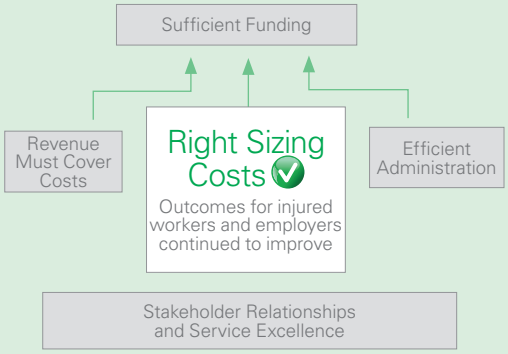
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Registered	9,527	9,935	9,799	8,528	9,704	37,884
Pending	1,443	1,315	1,053	1,107	1,265	1,496
Allowed	6,224	6,571	6,695	5,742	6,622	27,654
	77.0%	76.2%	76.5%	77.4%	78.5%	76.0%

YTD Lost-Time Injury/Illness Rate

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013
Result	1.87	2.34	2.07	1.95	1.90
Prior Year	1.92	2.25	2.00	1.91	1.87
Variance	(2.6%)	4.2%	3.5%	2.1%	1.6%
Assessment	✓	▽	✗	✗	✗

Duration

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Assessment Prior Year
3 months	7.6%	7.5%	7.9%	7.7%	7.8%	▽
6 months	3.6%	3.6%	3.8%	3.8%	3.6%	✓
12 months	1.8%	1.8%	1.8%	2.0%	2.1%	✗
24 months	1.1%	1.0%	1.0%	0.9%	0.9%	✓
48 months	1.1%	1.0%	0.9%	0.9%	0.8%	✓
72 months	1.3%	1.2%	1.2%	1.0%	1.1%	✓



Right Sizing Costs

Recovery and Return To Work

Early intervention and focused health care is resulting in injured workers recovering and returning to the workplace faster. In 2013, 94.9% of Schedule 2 injured workers returned to work at 100% pre-injury earnings within 12 months.

The average PI award and the percentage of workers with a PI for 2013 decreased to 8.7% from 9.8% and 2.7% from 4.9% respectively.

As a result of improvements in return to work and recovery, 2013 benefit payments decreased by $10M (4.0%).

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

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	95.1%	95.3%	94.9%	94.7%	94.7%	94.9%
Prior Year	94.1%	94.5%	95.0%	95.3%	95.1%	95.0%
Variance	1.0%	0.8%	(0.1%)	(0.6%)	(0.4%)	(0.1%)
Assessment	✓	✓	▽	✗	✗	▽

Percentage of Workers with a PI

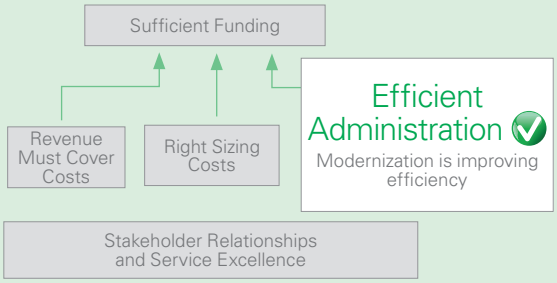
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	4.0%	3.5%	2.3%	2.6%	2.3%	2.7%
Prior Year	5.7%	5.4%	5.7%	4.3%	4.0%	4.9%
Variance	(1.7%)	(1.9%)	(3.4%)	(1.7%)	(1.7%)	(2.2%)
Assessment	✓	✓	✓	✓	✓	✓

Average PI Award Percentage

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	9.1%	9.2%	9.3%	7.6%	8.6%	8.7%
Prior Year	12.7%	9.6%	10.7%	10.0%	9.1%	9.8%
Variance	(3.6%)	(0.4%)	(1.4%)	(2.4%)	(0.5%)	(1.1%)
Assessment	✓	✓	✓	✓	✓	✓

Benefit Payments						
($M)	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	61	62	62	58	62	244
Prior Year	65	67	65	60	61	254
Variance	(4)	(5)	(3)	(2)	1	(10)
Assessment	✓	✓	✓	✓	▽	✓

Average LOE Entitlement Award at Lock-in						
	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	49.9%	49.2%	52.2%	40.5%	42.9%	46.2%
Prior Year	56.1%	58.5%	52.4%	51.9%	49.9%	53.1%
Variance	(6.2%)	(9.4%)	(0.2%)	(11.4%)	(7.0%)	(6.9%)
Assessment	✓	✓	✓	✓	✓	✓



Efficient Administration

In 2013, 90.8% of eligibility decisions were made within two weeks, well above the target of 85%.

As highlighted in the discussion and analysis, our continued investment in modernization has resulted in improved uptake in our eServices, allowing employers and injured workers to more easily interact with the WSIB.

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

	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	2013 YTD
Result	87.5%	90.9%	91.1%	90.7%	90.6%	90.8%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Variance	2.5%	5.9%	6.1%	5.7%	5.6%	5.8%
Assessment	✓	✓	✓	✓	✓	✓

Quarterly Focus
Modernizing our Appeals Program

The WSIB's vision, to be the leading workplace compensation board, acknowledges the need to transform into a modern organization while continuing to build trust through fairness and integrity. We place high importance on the quality and accuracy of the over one million decisions made by our front line decision-makers each year. While only a small fraction of claims management decisions are appealed, this right to appeal is an essential part of the fairness of the system.

Our recent modernization efforts demonstrated that we can improve efficiency and outcomes without sacrificing quality and integrity.

Approximately 2% of registered claims are appealed each year. We believe that the workers and employers of Ontario deserve a timely and responsive appeals program that produces quality decisions. However, over the past several years, the ability of our Appeals Services Division (ASD) to meet that standard was eroding. Systemic issues were resulting in program inefficiencies, creating a large backlog and slowing down appeal decisions. These delays were lessening confidence in the system, affecting our ability to assist workers' recover and return to work and prompting concern among stakeholders. We recognized that change was needed.

Our recent modernization efforts demonstrated that we can improve efficiency and outcomes without sacrificing quality and integrity. So, with these same goals in mind, we undertook a significant review of our appeals program and welcomed stakeholder engagement. We held stakeholder consultations for four months between June and October of 2012 and, based on the consultation introduced changes designed to respond to systemic issues and ensure service excellence. While the new process has only been in effect since February 1, 2013, early indications show that we have greatly improved timeliness of service without compromising decision quality.

Purpose of an internal appeals program

The WSIB's Appeals Services Division (ASD) strives to achieve the following goals:

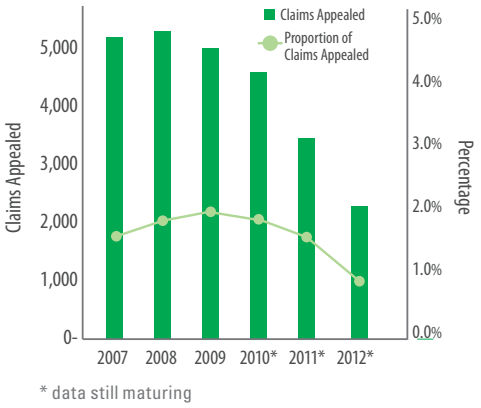
1. Promote and maintain timely access to the appeals process;
2. Provide an independent review of operating area decisions by senior, very experienced decision-makers;
3. Ensure fairness and transparency in reaching final resolutions to worker and employer objections;
4. Provide timely, high quality final decisions;
5. Guide future operational decisions where appropriate, either through a feedback loop to front-line decision makers and/or to inform policy development.

Ensuring an accessible internal appeals program is critical to the fairness of the system. Workplace parties are informed of their right to appeal and given details on the process in every decision letter. Appellants (the objecting parties) have a number of options through which they can access the WSIB's appeals program. We also fund a number of services that assist workplace parties through the appeals process, including the Office of the Worker Adviser, the Office of the Employer Adviser and Injured Worker Outreach Services. Government funded legal clinics also provide assistance.

The percentage of appeals resolved within 6 months fell from 60% in 2007 to 43% in 2012, highlighting a need for change.

Timely decisions are a priority for the ASD, given that lengthy decision-making delays can create financial challenges for workers and employers. Finality permits workers to begin re-integration into the workforce and allows workplace parties to plan future steps, including pursuing their appeal to the Workplace Safety and Insurance Appeals Tribunal (WSIAT). On an annual basis, less than 0.5% of all registered claims are appealed to the WSIAT.

The percentage of claims appealed is holding steady



Modernizing our Appeals Program

PRE-MODERNIZATION

Systemic issues were causing delays

Delays were one of the **top ten complaints** received by the Fair Practices Commission

In 2012, Appeals resolved within **6 months** reached a low of **43%**

Significant time spent on **cases** that were **not appeal ready**

MODERNIZATION

Program Redesign

- **Appellants** enter process when **appeal ready**
- More **robust reconsideration process**
- Streamlined hearings process for **faster resolution** of appeals

Stakeholder Engagement
Meetings with, and submissions from, workers, employers and representatives

New Service Commitments

- Hearing in writing appeals resolved within 30 days, once assigned
- Oral hearing within 90 days of notice that hearing is warranted
- Decision following oral hearing within 30 days

Launched **February 2013**

RESULTS

Timeliness Improved

- **95%** of new appeals resolved in 2013 were **resolved** within **6 months**

Timelier resolutions while maintaining **quality** decisions

Backlog Eliminated

- Over **12,000** cases **resolved** in 2013

Systemic issues causing delays

In 2009, a backlog of appeals cases began to develop. By 2012, almost 20% of appeals were taking over 12 months to resolve. This played a part in the percentage of appeals resolved within six months falling from 60% in 2007 to 43% in 2012. During this period, the inventory of unassigned appeals grew to approximately 8,000 cases and created a wait time upwards of six months for assignment to an Appeals Resolution Officer (ARO).

Delays in receiving a timely appeal was one of the top ten complaints received by the Fair Practices Commission.

We identified a number of systemic inefficiencies that were contributing to delays:

- The absence of a central repository for tracking Objection Forms created difficulties in ensuring they were properly addressed by front line decision makers;
- For parties that entered the ASD program before being ready, it was often necessary to withdraw the case, allow late submissions, postpone oral hearings or wait for post oral hearing submissions; and
- Based on requests from appellants, some appeals that should have been resolved through written submission received an oral hearing.

Close to 20%, or approximately 2,000 cases, were being withdrawn annually because the case was not "appeal ready". Even in circumstances where cases were not withdrawn, AROs were spending significant time assisting the parties to make their case "appeal ready", creating a potential conflict of roles and leaving less time to focus on providing timely resolutions for those parties that were ready to proceed with their appeal.

Responding to stakeholders

Understandably, workplace parties and their representatives expressed concerns. Delays in receiving a timely appeal were cited as one of the top ten complaints received by the Fair Practices Commission in 2009, 2010 and 2011.

In response, the ASD temporarily increased its staff complement from 80 to100 AROs in 2012. However, we recognized that additional resources were not solving the systemic issues that were contributing to the inefficiencies in the program.

Responding to concerns, and continuing our commitment to stakeholder engagement, we launched an extensive consultation in June 2012. We sought input to address the systemic inefficiencies and help us manage appeals more efficiently. As part of the consultation process, 43 submissions were received from a variety of stakeholders, including workers, employers, and their representatives. We listened to their concerns and integrated many of the suggestions into our modernized appeals process.

Modernizing the appeals program

The modernized appeals program introduced several changes centered on creating efficiencies and improving performance by imposing greater discipline in three fundamental areas.

1. The operating area: *to improve the reconsideration process when new information is provided*

Under the modernized appeals program, a claim being appealed on the basis of new information is now sent back to the original decision-maker in Operations for reconsideration. These cases are now resolved in a more expedited manner.

Our experience showed that many appeals were based on new information or new arguments that were received after front-line staff had rendered a decision. To address this, we created a new Objection Intake Team (OIT) that reviews appeals to ensure they are truly "appeal ready", freeing up the AROs to review cases and render decisions. As a result of OIT, the percentage of claims returned by AROs to the decision maker decreased to 1.3% in 2013 from 6% in 2010.

2. The appellant/representatives: *to ensure their appeals are ready to proceed*

A new 'Intent to Object' form allows workplace parties to provide new information and bookmark their objection within the time required by the Workplace Safety and Insurance Act (WSIA). According to the WSIA, workplace parties have 30 days to file return to work objections and six months for all other objections to WSIB decisions.

In the past, we did not strictly enforce these provisions, which contributed to delays in the delivery of final WSIB decisions. Recognizing that timeliness is critical to a modernized appeals program, we decided to enforce the WSIA's timelines. In exceptional circumstances only, the WSIB will continue to allow flexibility in extending this legislated time limit.

Under the modernized appeals program, the objecting party completes an Appeal Readiness Form (ARF) once they are ready to proceed. There is no time limit for the completion and return of the ARF. The ARF helps the parties gather the necessary information to proceed with their appeal and to understand the strength and weaknesses of their case. As a result, under the new appeals process the percentage of cases withdrawn has been reduced to 6% in 2013 from 20% in 2010.

3. The Appeals Services Division: *to reach a decision within a reasonable timeframe*

Another contributor to delays and the growing backlog was the considerable number of appeals being heard through oral hearings. We recognized that if the facts and issues of an appeal are straightforward or will be determined based on the medical information, then high-quality, timely decisions can be made based on the existing claim file and written submissions. This is referred to as a hearing in writing. Oral hearings are reserved for those cases that involve more complex issues or that require oral testimony. Ontario continues to be one of the only Canadian jurisdictions that allow oral hearings at two levels, the ASD and the WSIAT.

All parties still have the opportunity to request an oral hearing and provide arguments as to why it might be warranted. The nature of the case is now assessed before assignment to an ARO to determine the most appropriate hearing method and advise the parties accordingly. The guidelines for hearings are published on the WSIB website for workplace parties to consult when considering which method of hearing to request.

These increases in efficiency and productivity have allowed the ASD to commit to new service timelines – a decision resolved by a hearing in writing now occurs within 30 days from assignment of the file to the ARO; an oral hearing occurs within 90 days from the date of notice that an oral hearing is warranted; and a decision following an oral hearing occurs within 30 days.

Listening to our Stakeholders

The WSIB understands that modernizing our appeals process impacts workers, employers and their representatives. Early feedback indicates that our stakeholders are seeing the benefits of timelier decisions. We have committed to continue monitoring our progress and identifying areas for improvement as the new process matures. Part of this commitment involved inviting workplace parties to share their thoughts following the February 2013 implementation of the new appeals program.

Through a series of stakeholder meetings, we listened and responded by integrating many suggestions, including:

- Making the Appeals Readiness Form (ARF) easier to understand and complete.
- Removing the note on downside risk from the ARF. This information will continue to be explained in the ASD's Practice and Procedures document and parties will still have the option of proceeding with, or withdrawing from, their appeal if a downside risk is identified.
- Increasing time periods for respondents to provide the Respondent Form and for additional submissions in cases where an oral hearing request is denied.
- Revisiting the oral hearing criteria and moving additional issues onto the oral hearing list, where warranted.
- Starting the appeals process over with a new decision maker in cases where there has been a significant process flaw that disadvantages either the objecting party or the respondent to such an extent that there is no other remedy that could render the process fair.

However, not all concerns raised resulted in process changes. The WSIB decided to retain some processes introduced in 2013 as we believe they are critical to the long term success of the appeals program. They include:

- Access to AROs – The WSIB considers it to be a conflict of roles to have the final decision-maker assisting in the preparation of cases and identifying approaches to making an objecting party's argument more persuasive. To ensure that decision-makers approach each case from an impartial perspective, the decision to limit access to AROs will be maintained.
- The Intent to Object (ITO) Form will continue to be made available on the WSIB's web site, but the objecting party may request a mailed copy, or assistance to complete the ITO Form by telephone. The WSIB will also continue to accept a letter of objection.

Performance Improvements

While the modernized appeals program has only been in effect since February, 2013, a number of benefits are already being realized:

- 95% of the new appeals resolved in 2013 were resolved within six months, and
- the backlog of appeal cases has now been completely eliminated.

By enhancing efficiency and temporarily increasing the number of AROs, the modernized process has improved productivity, and has led to the ASD resolving 12,528 appeals in 2013, an improvement of 7.1% over 2012. As a result, active inventory of appeal cases was reduced by almost 70%, from approximately 8,000 in 2012 to 2,500 by the end of 2013.

Workplace parties are receiving their decisions faster. After reaching a low of 43% in 2012, the percentage of appeals resolved within six months increased to 49.2% in 2013. For new appeals, 95% of the new appeals resolved in 2013 were resolved within six months.

95% of the new appeals resolved in 2013 were resolved within six months

With the addition of the OIT, and processes that encourage workplace parties to be adequately prepared, the percentage of appeals that are withdrawn or returned to the operating area has also improved - from 26% in 2010 to 7% for new cases in 2013. This means that AROs can now focus on appeal ready cases and provide timely, high quality resolutions for workplace parties and their representatives that have spent the time they needed to prepare their cases.

Stakeholder engagement remains one of our key priorities and we continue to dialogue with representatives to discuss and more fully understand any remaining concerns. In addition, we will continue to monitor the effectiveness of the modernized program as it matures and as additional outcome data becomes available.

Looking ahead, we are confident that our dedication to a fair, transparent and timely adjudication process, both by front line decision makers and by the AROs, will continue to play a key role in our becoming the leading workplace compensation board.

Percent of appeals resolved within 6 months

*2013 Old - includes all streams received as of February 1, 2013
**2013 New - only cases received on or after February 1, 2013 and resolved up to January 31, 2014

Glossary

Results in this report may not match other corporate reports due to maturing of data and changes to data definitions.

Measure	Definition	Notes	Page
Administrative Expenses	Total cost of administering the Workplace Safety and Insurance Act (WSIA).	Includes operating expenses, project costs, and administrative costs associated with claims administration allocated to benefit costs Excludes Schedule 2	13
Administrative Expenses per $100 of Insurable Earnings	The administrative costs to operate the system per $100 of insurable payroll (applicable payroll 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	13
Appeals Received	The volume of appeals received by the Appeals Services Division in the denoted period.	Schedule 1 and 2	14
Appeals Resolved	The volume of appeals resolved by the Appeals Services Division in the denoted period.	An appeal resolution includes an appeal decision, a return or a withdrawal of an appeal Schedule 1 and 2	14
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	14
Appeals - % of Appeals Resolved in 12 Months	The percentage of appeals resolved by the Appeals Services Division within 12 months of receipt.	An appeal resolution includes an appeal decision, a return or a withdrawal of an appeal Schedule 1 and 2	14
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	15
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	15
Average LOE Entitlement Award at Lock-in	The average entitlement percent for workers having reached Loss of Earnings (LOE) lock-in in the denoted period	By quarter of lock-in decision for Bill 99 claims This measure does not use a lag period	12, 19

Glossary

Measure	Definition	Notes	Page
Average PI Award Percentage	The average 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	12, 18
Benefit Costs	Benefit costs consist of benefit payments (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
Benefit Payments	Benefit costs paid (or Benefit payment) represent the amount paid to or on behalf of injured and ill workers	Includes LOE, Workers' Pension, Health Care, Future Economic Loss (FEL), Survivor Benefits, External Providers and NEL Excludes changes in benefit liabilities and claims administration costs	12,19
Core Earnings	The total comprehensive income excluding the impacts of investment income, changes in actuarial valuation and any items that are considered as material and exceptional in nature		9
Duration	The year-to-date percentage of injured or ill workers that continue to receive full or partial LOE benefits on the specified anniversary		11, 17
Insurable Earnings	Applicable payroll required by legislation to determine premiums submitted by employers to the WSIB	Excludes Schedule 2	**8**
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		9

Glossary

Measure	Definition	Notes	Page
Legislative Obligations	Reimbursement to the Government of Ontario for Prevention (all administrative costs of the Occupational Health and Safety Act and Ministry of Labour prevention Costs) and non-prevention (the Workplace Safety and Insurance Appeals Tribunal, the office of the Worker Advisor and the Office of the Employer Adviser).		13
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	8
New Claims	The distribution of new registered claims by allowed and pending 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 and abandoned claims Pending claims are claims for which a decision has not yet been made Excludes amalgamated, and PEIR (Program for Exposure Incident Reporting) claims	10,17
Occupational Disease Fatalities	The number of allowed occupational disease fatal claims by decision date	By year of entitlement (regardless of injury year) Data is un-matured	10
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, pre-1990, serious injury, fatality, withdrawn, abandoned and re-opened claims	13, 19
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	12, 18
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

Glossary

Measure	Definition	Notes	Page
Program Index – Account Management	The percentage of registered employers that are very satisfied or somewhat satisfied with the WSIB's account management processes	External survey results: index calculated using a straight average of 8 measures equally weighted Schedule 1 and 2	15
Program Index – Employers **Program Index – Injured Workers**	The percentage of registered employers and injured workers that are very satisfied or somewhat satisfied with the WSIB's claims processes	External survey results: index calculated using a straight average of 8 measures equally weighted Schedule 1 and 2	15
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	12, 18
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	External survey results: index calculated using a straight average of 9 measures equally weighted Schedule 1 and 2	15
Service Excellence Index – Employers **Service Excellence Index – Injured Workers**	The percentage of registered employers and injured workers that are very satisfied or somewhat satisfied with their interactions relating to claims	External survey results: index calculated using a straight average of 12 measures equally weighted Schedule 1 and 2	15
Sufficiency Ratio	The ratio of total assets of the WSIB, less non-controlling interests to the total liabilities of the WSIB, as presented in the Sufficiency Statement, and is expressed as a percentage.		7
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	11
Traumatic Fatalities	The number of allowed traumatic fatal claims in the period specified	By year of death Data is un-matured	10

Glossary

Measure	Definition	Notes	Page
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	7
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	10
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 derived 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)	17

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