



**Yukon Workers'
Compensation
Health and
Safety Board**

APPLICATION FOR REGISTRATION

\$150.00 minimum annual premium

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Phone: (867) 667-5645, **Toll free:** 1-800-661-0443
Fax: (867) 393-6279, **Website:** www.wcb.yk.ca

If you have any questions call 667-5095 or toll free 1-800-661-0443

OFFICE USE ONLY

Employer Number	Business Number
Industry	District Code
Industry Number _____	
and Rate is \$ _____ per \$100 of payroll	

A - GENERAL INFORMATION **Canada Revenue Agency BIN #** _____

Legal name of employer	Description of operations	
Do you carry on business in your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, give your business name _____		
Mailing address of employer _____ Postal Code _____	Location of operations in Yukon	
Cell Phone _____	Phone _____	If you are under contract, give the name(s) and location(s) of the contractor(s) or principal(s)
Email Address _____	Fax Number _____	
Contact person for payroll _____	Phone _____	
Contact person for claims inquiries _____	Phone _____	
If the business has recently changed ownership, give the name of the previous owner	Have you had an account with this board before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you received your employer information package? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B: WORKERS' EARNINGS

When did you first start employing workers in the Yukon? (y/m/d) _____	How many workers including casuals and directors do you have on average? _____
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PAYROLL ESTIMATE

To get your estimate:

- You must include earning of Directors of Incorporated companies. (If Directors do not receive wages, what is the value of service?)
- Can not exceed \$80,024.00 per worker
- Must be for the entire year
- Do not include wages for sole proprietor or partners of non-incorporated companies. Coverage for these is optional. Call the YWCH&SB if you are interested in coverage or visit our web page at www.wcb.yk.ca.

What is your estimated payroll to December 31st? _____

C: LIMITED COMPANIES

Is the company registered in the Yukon? Yes No

Please provide a list of names of Directors and estimated value of service or wages as per section B for each.

Directors name	Estimated value of service	Wages

D: OPTIONAL COVERAGE

This part does not apply to limited companies or Directors of Limited Companies

If you are self-employed, i.e. as a proprietor or partner in a business, you may apply for compensation coverage for yourself, or if you rather, you can apply on your own behalf or your partners if you are authorized to do so. Wage loss benefits will be based on 75% of actual proven earnings or coverage in place.

Note: We will mail or email you details of Personal Coverage.

If you are a non-profit society incorporated under the *Societies Act*, and the Directors perform volunteer work for the society, the Directors may be eligible for coverage. Contact the Board for more information.

EMPLOYER'S CERTIFICATION

It is an offence under the *Workers' Compensation Act* to knowingly provide false or misleading information to the Board. I certify that all information I have provided is true and complete.

Employer or authorized representative

Print name

Date (d/m/y)

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining employer assessments. For further information contact a financial services officer at 867-687-5645 or 1-800-661-0443.