

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

I, _____, Director of _____ (the corporation)
apply to the board to be deemed not a worker.

I am not working in a Yukon industry and am not exposed to industry hazards. Further, during the year _____:

- I will not receive any earnings from the company, including salary, wages, tips, commissions, bonuses, allowances or directors' fees. (Dividends are not considered earnings.)
- To the best of my knowledge, I will not receive a T4 or T4A from the corporation.
- I will not enter a work site as a worker performing any type of work or services for the corporation.
- I will not engage in any directing, negotiating, influencing or decision-making affecting the work of the corporation.
- The exception to the two items above is that I may attend the corporation's Annual General Meeting, but I will receive no remuneration for attending. I may also do infrequent bank or legal business.

If the board approves this exemption, I understand:

- I am not considered a worker under Part 4 of the *Workers' Safety and Compensation Act* and could be sued by another worker or employer.
- I do not have coverage for any injuries arising out of and in the course of employment with the corporation.
- This application covers a maximum of one calendar year. I must re-apply annually for the exemption.

If the board does not approve this exemption, I understand the corporation will be charged assessments on my earnings as a director.

If the board later determines that:

- I am issued a T-4 or T4A by the corporation; or
- I went onto a work site as a worker for the purpose of performing work for the corporation, thereby exposing myself to industry hazards; or
- I was directing, negotiating, influencing or decision-making affecting the work of the corporation, thereby working and exposing myself to the hazards of the industry; or
- I filed an application for work performed for the corporation;

The board will terminate this exemption and apply retroactive assessments and administrative fees.

I have read and understand the declarations above. I am aware the board relies on this written application as a true and correct statement.

I understand that, at any time, if the circumstances above change, I am to contact the board.

Signature of Applicant

Date

Please return this document to:
Workers' Safety and Compensation Board
401 Strickland Street
Whitehorse, Yukon Y1A 5N8
Phone 867-667-5645
Fax 867-393-6279
Toll Free 1-800-661-0443

This information is being collected for the purpose of administering and enforcing the *Workers' Safety and Compensation Act* in compliance with the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the board's Privacy Officer at 401 Strickland St., Whitehorse, YK, Y1A 5N8 or call 867-667-5642 or 1-800-661-0443.