



# APPLICATION FOR REGISTRATION

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8  
**Telephone:** 867-667-5645, **Toll free:** 1-800-661-0443, **Fax:** 867-393-6279  
**Web:** [www.wcb.yk.ca](http://www.wcb.yk.ca)

<b>OFFICE USE ONLY</b>
Customer number _____
Industry number _____
and rate is \$ _____ per \$100 of payroll

A. General information									
Canada Revenue Agency BIN _____	Description of operations _____ _____								
Legal name of employer _____									
Do you carry on business in your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, 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* _____ Fax _____									
Contact person for payroll _____ Phone _____									
Contact person for claims inquiries _____ Phone _____									
If the business has recently changed ownership, name of the previous owner _____	Had an account with this board before? <input type="checkbox"/> Yes <input type="checkbox"/> No Received your employer information package? <input type="checkbox"/> Yes <input type="checkbox"/> No								
B. Workers' earnings	C. Limited companies								
When did you first start employing workers in Yukon? <b>YYYY/MM/DD</b> _____	Is the company registered in the Yukon? <input type="checkbox"/> Yes <input type="checkbox"/> No								
How many workers (including casuals and directors) do you have on average? _____	Provide a list of names of directors and estimated wages as per section B for each.								
<b>Payroll estimate. To get your estimate:</b> <ul style="list-style-type: none"> <li>You must include earnings of directors of incorporated companies.</li> <li>Can not exceed \$94,320 per worker</li> <li>Must be for the entire year</li> <li>Do not include wages for sole proprietor or partners of non-incorporated companies. Coverage for these is optional. Call us if you are interested in coverage or visit <a href="http://www.wcb.yk.ca">www.wcb.yk.ca</a>.</li> </ul>	<table border="1"> <thead> <tr> <th>Director's name</th> <th>Wages</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Director's name	Wages						
Director's name	Wages								
What is your estimated payroll to December 31? _____									
D. Optional coverage – This part does not apply to limited companies or directors of limited companies									
If you are 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 the lesser of 75% of actual proven earnings or coverage in place.									
<b>Note: We will mail or email you details of personal coverage.</b>									
If you are a non-profit society incorporated under the <i>Societies Act</i> , 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 <i>Workers' Compensation Act</i> 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 (YYYY/MM/DD)	_____								

This information is being collected for the purposes of administering and enforcing the *Workers' Compensation Act* and is collected under the authority of that Act and the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Privacy Officer at YWCHSB at the above listed address or at (867) 667-5645 or 1-800-661-0443.