

PRINTED: 01-10-2026

This information is being collected for the purposes of administering and enforcing the Workers' Safety and 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, please contact the Privacy Officer at WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.

Please note that WSCB may verify or audit any of the information you have provided on this form.

Employer Information

* Legal Name

* Customer Number

If incorporated, use the legal name as listed on your Articles of Incorporation. If not incorporated, the legal name should be the name of the owner(s). This number can be found in the email we sent you to complete your annual report or on any of your invoices or statements. Example: 12345-54321

Trade Name

The trade name is the name most recognized by the public and customers.

Address and Contact Information

* Has your mailing address changed?

Yes

No

Mailing address
for correspondence regarding your account i.e. invoices or statements

* Street Address

Apartment/Unit Number/P.O. Box:

* City

* Province/Territory:

* Country

* Postal Code

Would you like to remove any contacts on your employer account?

Yes

No

How many contacts would you like to remove?

First name

Last name

First name

Last name

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First name	Last name
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First name	Last name
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First name	Last name
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☐ Would you like to add new contact people to your employer account?

Yes

No

How many?

First name	Last name	This person is authorized to discuss the following types of issues (can be more than one)
		Claims
		Payroll
		WHS
Title/Role	Email (ex: you@wcb.yk.ca)	Phone number (ex: (999) 999-9999)

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Signature, Consent and Declaration

Please read and review carefully

By my submission I certify and declare the following: I have the authority to execute this report on behalf of the business; and the facts set forth are true and correct to the best of my knowledge and belief. I fully understand the content, the requirements of the submission, and that WSCB will use and rely on this information in the management of our business account. I am aware that any person who knowingly provides false information or misleading information or omits to provide any relevant information to the board may be subject to administrative penalties or may be guilty of an offence under the WSCA. The information I reported will be used to determine my premium.

*Signature

*Today's Date (DD/MM/YYYY)

By checking this box, I confirm this is my digital signature.

/ /

* My position is

* My email is (ex: you@wcb.yk.ca)