



OPTIONAL COVERAGE APPLICATION

FOR SOLE PROPRIETORS, PARTNERS IN A PARTNERSHIP,
OR NON-INCORPORATED EMPLOYERS

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

Name	Employer #
<p>I understand and acknowledge that in the event of a time-loss claim for a work-related disability, loss of earning benefits will be paid at a rate of 75%¹ of actual proven earnings. Actual proven earnings under the policy will be based on the lesser of the policy coverage amount purchased and in place at the time of the injury or actual proven earnings, up to the maximum wage rate as established by the Yukon Workers' Compensation Health and Safety Board (YWCHSB) for the year of coverage. Other sources of assessable income from concurrent employment will be considered in addition to the optional coverage earnings protection.</p>	
<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block; margin-bottom: 5px;"></div> <i>Initial to confirm having read the section to the left</i>	

- This application form must be completed and signed by the employer or their authorized agent.
- Coverage will take effect on the date YWCHSB approves the signed application form.
- The amount of coverage applied for in this application is based on an estimate of actual proven earnings, up to the maximum wage rate for the current year.
- In the event of a time-loss claim resulting from a workplace disability, proof of earnings will be provided to the YWCHSB in the form of current year audited financial statements by a certified accountant, income tax return forms submitted to Canada Revenue Agency, Notice of Assessment from Canada Revenue Agency or another form as determined by the YWCHSB.
- Coverage may be purchased for a period of time less than one year and must be renewed annually at the end of each calendar year. If your work is year round, your compensation coverage must be renewed annually for the end of each calendar year.
- The minimum assessment premium for optional coverage for each individual, regardless of the period of time that coverage is in place, is \$150.00.
- \$150.00 is charged for each time a business is opened in a calendar year.
- Failure to pay assessment premiums when due will result in cancellation of optional coverage.

Optional coverage	
Optional coverage for (print name):	
Requested coverage amount (not to exceed the maximum wage rate for 2022 of \$94,320):	
Begins: YYYY/MM/DD Ends: YYYY/MM/DD	
Signature of individual being covered under policy	Phone
Employer's certification	
I _____ certify that the information provided on this form is true PRINT NAME	
and completed to the best of my knowledge and agree to the terms and conditions of optional coverage.	
Signature – employer or authorized agent	Date

For more information contact our office on business days between Monday through Friday, 8am – 5pm at:

Phone: 867-667-5645 Toll free: 1-800-661-0443
 Fax: 867-393-6279 Email: wchsb-assessments@gov.yk.ca

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.