



Yukon Workers'
Compensation
Health and
Safety Board

401 Strickland Street
Whitehorse, Yukon
Y1A 5N8

tel: 867 667-5645
fax: 867 393-6279
toll free: 1 800 661-0443
web: wcb.yk.ca

Customer Number: _____

CANCELLATION OF OPTIONAL COVERAGE

Yukon Workers' Compensation Health and Safety Board (YWCHSB) Policy EA-04 requires an individual to notify YWCHSB in writing in order to cancel optional coverage before the end of the coverage period.

I, _____ hereby apply to have my personal coverage cancelled. I fully understand that as of the day this form is received by YWCHSB, I will no longer have optional coverage.

Signature: _____

Date: _____

Phone Number: _____

Please note, each optional coverage policy is subject to the minimum assessment fee and is effective the date it is received by the YWCHSB.

For more information, contact our office Monday through Friday, between 8 am and 5 pm (PST)

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