



**APPLICATION FOR THE
ALTERNATIVE ASSESSMENT PROCEDURE (AAP)
FOR INTERJURISDICTIONAL TRUCKING AND TRANSPORT**

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

GENERAL INFORMATION

YWCHSB Account #		Trade Name
Legal Name		Position Title
Contact Person		Fax # (include area code)
Telephone # (include area code)		Email*
Mailing Address		Start date of interjurisdictional operations (d/m/y)
Territory/Province	Postal Code	

Please check as applicable	Workers travel in or through...	Workers live in	The firm has a place of business in...	Account # (if you are registered in another jurisdiction)
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Northwest Territories and Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quebec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ELIGIBLE INDUSTRIES

Please indicate the industry in which your firm is operating (check all that apply)

Bulk Liquids Trucking	<input type="checkbox"/>	General Freight Trucking	<input type="checkbox"/>
Couriers, Messengers and Delivery	<input type="checkbox"/>	Specialized Freight Trucking	<input type="checkbox"/>
Dry Bulk Materials Trucking	<input type="checkbox"/>	Used Household and Office Goods Moving	<input type="checkbox"/>
Forest Products Trucking	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

DECLARATION

* I am the applicant or its authorized agent. By submitting this application, I confirm that the applicant is seeking to elect the Alternative Assessment Procedure (AAP); is agreeing to assume obligations under the *Yukon Workers' Compensation Act*, and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm that the information provided is complete and accurate.

* The applicant firm grants authority to the Assessing Board to provide information, including personal information, to Participating Boards which, at the sole discretion of the Assessing Board, is considered necessary for the effective administration of the AAP.

Name of authorized signing authority <i>(please print)</i>	Position Title
Signature of authorized signing authority	Date (d/m/y)

SUMMARY OF TERMS AND CONDITIONS

1. Once this application is accepted by Yukon Workers' Compensation Health and Safety Board (the Assessing Board), the terms and conditions form part of a legally binding contract.
2. These terms and conditions incorporate by reference the *Interjurisdictional Agreement on Workers' Compensation* (the IJA) and carry the same force and effect as that document.
3. The IJA may be revised from time to time without notice. Once published, those revisions are incorporated into these terms and conditions.
4. If this application is accepted, the firm will pay assessments for each impacted worker to the Assessing Board in accordance with the Alternative Assessment Procedure (AAP). The Assessing Board will notify the appropriate Registering Board(s) of its acceptance of the firm for the AAP.
5. If the firm employs workers living in any jurisdiction other than Yukon, the firm must contact the workers' compensation authority in that jurisdiction to ascertain whether registration is required and to secure compensation coverage for all eligible workers.
6. A worker's right to claim benefits from the jurisdiction of residence or the jurisdiction of injury is not affected by this procedure.

GENERAL INFORMATION

The AAP forms part of the *Interjurisdictional Agreement on Workers' Compensation* (the IJA), an agreement between all Canadian workers' compensation authorities. Changes to the IJA are made public on the Association of Workers' Compensation Boards of Canada website, www.awcbc.org, where you can also obtain a copy of the IJA.

Each workers' compensation authority in Canada generally requires an out-of-province firm to pay premiums for every worker who travels in or through the province or territory; however, a firm that elects the AAP will pay premiums to the workers' compensation authority in the jurisdiction where a worker lives, provided the worker is eligible for compensation coverage from that jurisdiction for work undertaken anywhere in Canada. Once an application for the AAP has been approved, the Assessing Board will notify Registering Boards of the application, and a registration will generally be established in each applicable jurisdiction.

PAYMENT AND REPORTING OPTIONS

A firm engaged in an eligible interjurisdictional industry may elect one of the following options:

1. Report earnings and pay premiums to each workers' compensation authority for work performed in that jurisdiction. In trucking and transportation industries, earnings and premiums are based on a percentage of kilometres driven in each province or territory.
2. Elect the AAP, which allows the firm to report interjurisdictional earnings and pay premiums for a worker to the workers' compensation authority in the jurisdiction where the worker lives.

An employer who elects the AAP may only use this method of paying assessment premiums for a worker performing work in an included industry and working in more than one jurisdiction. An employer must continue to pay assessments for all other workers in the province or territory where they work.

Participation in the AAP is for a full calendar year and mid-year changes will not be permitted. To withdraw from the AAP, a firm must provide written notice to the Assessing Board and each Registering Board prior to the commencement of the applicable calendar year. The firm will then be withdrawn from the AAP effective January 1 of the next calendar year.

Please return this form to
Yukon Workers' Compensation Health and Safety Board – Assessments Branch
401 Strickland St. Whitehorse, Yukon Y1A 5N8
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, please contact the Privacy Officer at YWCHSB at the above listed address or at (867) 667-5645 or 1-800-661-0443.

* By providing your email address, you permit YWCHSB to correspond with you by email. To withdraw your email from our system, call us.

Alternative Assessment Procedure - Included Industries

The AAP is limited to interjurisdictional trucking and transport in the following industries:

Industry	Effective Date	Industry	Effective Date
Bulk Liquids Trucking	January 1, 2014	Forest Products Trucking	January 1, 2014
Couriers, Messengers and Delivery	January 1, 2014	General Freight Trucking	January 1, 2014
Dry Bulk Materials Trucking	January 1, 2014	Specialized Freight Trucking	January 1, 2014
Used Household and Office Goods	January 1, 2014		