

### APPLICANT INFORMATION *(For proprietors or partners of a non-incorporated business, owners or directors of a corporation and independent operators)*

Applicant Name:		Trade/Company Name (s):
WCB Firm Number & Operation Number(s):		Canada Revenue Agency Business Number:
Contact Name:		Contact Email:
Address:		City/Town:
Province:	Postal Code:	Telephone:

### IMPORTANT INFORMATION

- It is important to base the amount of coverage you purchase on your actual personal employment earnings.
- If you have more than one operation, you must indicate on this application which operations you wish to purchase personal coverage.
- If you apply for less than a full year of coverage, your amount payable (over the minimum coverage of 20% Maximum Assessable Earnings) will be prorated.
- You can purchase a minimum of \$15,680 per year to a maximum of \$78,400 per year in Personal Coverage. There is a minimum fee of \$50 per year for Prince Edward Island residents and \$100 for non-residents.
- If you employ workers, you must also complete an Employer Registration Form or Employer Registration Renewal Form for your business.
- You must provide information to WCB to confirm your status.
- For more information, please review the Personal Coverage Frequently Asked Questions.

### COVERAGE DETAILS

Please select which status is applicable:

Proprietor  Partner  Owner or Director of a Corporation  Independent Operator

*If chosen, please complete the Independent Operator checklist*

Start Date of Coverage: \_\_\_\_\_ End Date of Coverage: \_\_\_\_\_ OR Auto Renewal

Please indicate the annual earnings amount of Personal Coverage you want to purchase \$

\$
\$
\$  
 Assessment Rate (per \$100) × Annual Personal Coverage Amount ÷ by 100 = Amount Payable

### TERMS & CONDITIONS OF PERSONAL COVERAGE

- All applications for Personal Coverage will be reviewed for acceptance. You will be advised in writing whether you qualify.
- If your application is approved and your payment is received, coverage begins when your application is approved or the start date requested on the application, whichever is later.
- If you apply for compensation benefits, you will be required to submit proof of your earnings such as your tax return or pay stubs. Wage Loss benefits are based on the lesser of your actual earnings or the Personal Coverage purchased.
- If you wish to cancel your coverage, you must advise the WCB in writing. If you don't renew your coverage by February 28 of each year, your coverage will be cancelled. The WCB reserves the right to cancel Personal Coverage at any time.

### APPLICATION DECLARATION

By submitting this application, I confirm that I have read and fully understand the important information and terms and conditions of Personal Coverage as well as the requirements of this application. Further, I confirm that the information provided is complete and accurate. I understand that it is an offence to provide false or misleading information or to omit relevant information from this application.

Applicant Signature:	Date:
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