



Application For Alternative Assessment

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7
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I/We apply to participate in and pay assessments under the Alternative Assessment Procedure for Interjurisdictional Trucking (AAP) to the Workers Compensation Board (WCB) of Prince Edward Island.

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|--|---------------------|
| Legal Name: | Trade/Company Name: |
| Address: | |
| Contact Person: | WCB Account Number: |
| Telephone#: | Fax#: |
| Authority Holder/Principal (specify if more than one): | |

Please provide a description of your operations by checking the appropriate boxes and enter your WCB Account number in that Province.

| | Truckers/Workers Travelling In/Through | Truckers/Workers Residing In | WCB Employer Account # |
|-----------------------|--|------------------------------|------------------------|
| Alberta | | | |
| British Columbia | | | |
| Manitoba | | | |
| New Brunswick | | | |
| Newfoundland | | | |
| Northwest Territories | | | |
| Nova Scotia | | | |
| Nunavut | | | |
| Ontario | | | |
| Prince Edward Island | | | |
| Quebec | | | |
| Saskatchewan* | | | |
| Yukon | | | |

* Saskatchewan WCB is not party to this agreement for the time period October 1993 – December 31, 2008 and existing reporting requirements apply during this time period.

TERMS & CONDITIONS:

1. This procedure applies only to interjurisdictional trucking.
2. As the assessing Board, the WCB of PEI will provide a copy of this application to all registering Boards on behalf of the applicant. Additional information will be provided to the registering WCB's upon request.
3. The election to claim benefits from the jurisdiction of residence or the jurisdiction of injury remains unchanged by this procedure.
4. The applicant may NOT opt-out of the procedure part way through a calendar year. However they may opt-out for the following year by providing two (2) months written notice by October 31st.
5. The applicant is responsible for contacting the workers compensation board or commission in each province or territory in which the applicant's worker's live to determine their eligibility requirements.

I agree to abide with the provisions in Workers Compensation Board Policy, POL-142, "Interjurisdictional Trucking - Alternative Assessment".

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|-----------------------|-------|
| Position/Title: | |
| Authorized Signature: | Date: |