EMPLOYER REGISTRATION FORM

Safety Matters @Work
Workers Compensation Board of PEI

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 **www.wcb.pe.ca**
Phone: (902) 368-5680 **Toll-free: 1-800-237-5049** **Fax: (902) 368-5705**

To register as a new employer with the Workers Compensation Board (WCB), complete this form and submit it to the address above by mail, fax or in person -or-

Register electronically with WCB Online Services at www.wcb.pe.ca

SECTION (A) EMPLOYER INFORMATION

WCB Employer # (*if known)*:

Business Name:

Address:

Province: Postal Code:

Contact person:

Phone:

Fax:

Email:

Trade Name:

Canada Revenue Agency Business Number:

Description of business activities:

Filing Preference (*WCB Payment Frequency*): ☐ Monthly ☐ Annually Start Date:

SECTION (B) PAYROLL RECORDS

Payroll records kept at:

Address:

SECTION (C) PROPRIETORS AND PARTNERS, OR DIRECTORS OF LIMITED OR INCORPORATED COMPANY

Name	Title

SECTION (D) OPERATIONS

Calculate payroll based on maximum assessable earnings per worker: 2018- $53,400; 2019- $55,000

Operation Name	Description of Business	2018 Number of employees	2018 Actual Gross Payroll	2019 Number of employees	2019 Estimated Gross Payroll	Seasonal? (Yes/No)	Starting Month (*if seasonal*)

SECTION (E) SUBCONTRACTORS

If work is contracted out, please attach a list of subcontractors with names, addresses, and telephone numbers.

SECTION (F) DECLARATION

By submitting this form, I certify and declare that I am authorized to make this application on behalf of the employer applying for coverage and that the information provided in this application is true and correct to the best of my knowledge and belief. I am aware that any person who knowingly provides false or misleading information to the Board may be committing an offence and may be liable to prosecution.

Print Name *Signature* *Date*

Information on this form is collected for the purposes of administering and enforcing the Workers Compensation Act and is collected under the authority of that Act and section 31 of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.

Your opinion is important to us. To improve services, the WCB may contract an independent survey company to survey a sample of employers. The WCB does not know which employers will be contacted. If you are contacted, we encourage you to participate. The research company does not share your personal responses with the WCB.

REVISED DECEMBER 2018