



EMPLOYER SERVICES - ACCOUNT CLOSURE REQUEST FORM

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

Coverage under the *Workers Compensation Act* of Prince Edward Island is mandatory for employers who employ one or more workers unless workers and/or industries are excluded from the application of the *Workers Compensation Act* under the General Regulations or WCB policy Employer Registration (POL 19).

Please use this form to notify us of any changes in your business status. If you have more than one WCB account, you must complete a separate form for each CRA Business Number. If you have any questions, please contact us.

SECTION (A) EMPLOYER INFORMATION

Business Name:	Employer Firm #:	CRA Business #:
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SECTION (B) REASON FOR CLOSING EMPLOYER ACCOUNT

<input type="checkbox"/>	1. My business is operating without workers and I am requesting to close my account. As of: Day _____ Month _____ Year _____
<input type="checkbox"/>	2. My business is closing permanently. Closing date: Day _____ Month _____ Year _____
<input type="checkbox"/>	3. My business is sold or is in the process of being sold. Date of sale: Day _____ Month _____ Year _____ Purchaser's name: _____ Address: _____ Telephone: _____ Email: _____
<input type="checkbox"/>	4. I wish to cancel my coverage as I am a non-resident employer and do not intend to have any employees performing work in Prince Edward Island for a period of 10 or more days in this calendar year.
<input type="checkbox"/>	5. I wish to cancel my optional coverage.

SECTION (C) FINAL PAYROLL

I understand coverage is in effect up to the date the WCB receives this notification, and I must report all assessable payroll up to this date.

My final assessable payroll for 2024 is: \$ _____

Note:

- Registered employers who are residents of Prince Edward Island will pay a minimum assessment of \$50 regardless of actual assessable payroll.**
- Registered employers who are non-residents of Prince Edward Island will pay a minimum assessment of \$100 regardless of actual assessable payroll.**

SECTION (D) DECLARATION

By submitting this form, I certify and declare that I am authorized to make this application on behalf of the employer 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 WCB may be committing an offence and may be liable to prosecution.

Print Name, Title
Signature
Date

NOTE: Information on this form is collected for the purposes of administrating and enforcing the *Workers Compensation Act* and is collected under the authority of that *Act* and 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, PO Box 757, Charlottetown, PE C1A 7L7, 902-368-5680, toll free at 1-800-237-5049 or accessandprivacy@wcb.pe.ca.

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.