



**Yukon Workers'
Compensation
Health and
Safety Board**

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

APPLICATION FOR REGISTRATION

OFFICE USE ONLY

Customer Number _____

Industry Number _____

and Rate is \$ _____ per \$100 of payroll

A. GENERAL INFORMATION

Canada Revenue Agency BIN _____		Description of operations _____ _____ _____
Legal name of employer _____		
Do you carry on business in your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, give your business name _____		
Mailing address of employer _____ _____ Postal code _____		Location of operations in Yukon _____ _____
Cell Phone _____	Phone _____	
Email* _____	Fax _____	If you are under contract, give the name(s) and location(s) of the contractor(s) or principal(s) _____ _____ _____
Contact person for payroll _____	Phone _____	
Contact person for claims inquiries _____	Phone _____	
If the business has recently changed ownership, give the name of the previous owner _____		Had an account with this board before? <input type="checkbox"/> Yes <input type="checkbox"/> No Received your employer information package? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. WORKERS' EARNINGS

When did you first start employing workers in the Yukon? (d/m/y) _____

How many workers (including casuals and directors) do you have on average? _____

PAYROLL ESTIMATE

To get your estimate:

- You must include earnings of Directors of Incorporated companies.
- Can not exceed \$90,750 per worker
- Must be for the entire year
- Do not include wages for sole proprietor or partners of non-incorporated companies. Coverage for these is optional. Call the YWCH&SB if you are interested in coverage or visit our web page at www.wcb.yk.ca.

What is your estimated payroll to December 31st? _____

C. LIMITED COMPANIES

Is the company registered in the Yukon? Yes No

Please provide a list of names of Directors and estimated wages as per section B for each.

Directors Name	Wages

D. OPTIONAL COVERAGE

This part does not apply to limited companies or Directors of Limited Companies

If you are a proprietor or partner in a business, you may apply for compensation coverage for yourself, or if you rather, you can apply on your own behalf or your partners if you are authorized to do so. Wage loss benefits will be based on the lesser of 75% of actual proven earnings or coverage in place.

Note: We will mail or email you details of Personal Coverage.

If you are a non-profit society incorporated under the *Societies Act*, and the Directors perform volunteer work for the society, the Directors may be eligible for coverage. Contact the Board for more information.

EMPLOYER'S CERTIFICATION

It is an offence under the Workers' Compensation Act to knowingly provide false or misleading information to the Board. I certify that all information I have provided is true and complete.

Employer or authorized representative

Print Name

Date (d/m/y)

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.