

Optional insurance request/change

Submit this form and supporting documents to employeraccounts@wsib.on.ca

Please complete this section in full except where there is preprinted information.

Account number

Firm number

Date

Requesting or changing optional insurance

To **request** optional insurance, please complete sections **A** and **B**.

To **change** the amount of existing optional insurance, please complete sections **A** and **C**.

Please also:

- provide proof of earnings (see below)
- have the applicant review and sign the optional insurance declaration (attached)
- have the owner's certification completed and signed (attached)

Cancelling optional insurance

Individuals who are cancelling their optional coverage must complete section **D** or forward their request in writing to the WSIB.

Proof of earnings

We accept the following documents (issued by the owner or authorized officer responsible for the account) as proof of earnings.

For executive officers:

- T4s and T4As or any other document submitted to the Canada Revenue Agency (CRA) to report earnings

For sole proprietors and partners:

- audited financial statements prepared by a professionally designated accountant
- income tax returns with supportive income statements (T1, T2125, T2032, etc.) or other documents submitted to the CRA to report business income

Please note:

- if the sole proprietor or partnership has been in business for less than one year, the amount of coverage for premium benefit purposes is set at one-third of the annual maximum insurable earnings
- if the executive officer's company has been in business for less than one year, the amount of coverage for premium and benefit purposes is set at one-third of the annual maximum insurable earnings or the amount stated on the optional insurance form
- if the applicant's company has been in business for more than one year, the amount of coverage for premium and benefit purposes must accurately reflect the applicant's actual annual earnings, as supported by the documents listed above
- coverage will not be provided if your operation shows a net business loss

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

Ce document est disponible en français sous le titre : *Demande ou modification d'assurance facultative, 1574B (06/23)*

wsib.ca | Mail: 200 Front Street West, Toronto, Ontario, M5V 3J1 | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050

- loss of earnings benefits are not paid if your operation shows a net business loss despite active optional insurance
- the WSIB may deny the request (or coverage renewal) for optional insurance if the applicant can't substantiate their level of earnings

Any new requests for optional insurance or changes to the amount of optional insurance will take effect on the date we receive the signed request and satisfactory proof of earnings. We require pre-payment for optional insurance premiums.

The amount of optional insurance will not be retroactively adjusted if the applicant receives benefits at an amount that is lower than the amount of optional insurance.

Please call us at 1-800-387-0750 if you have any questions or require more information.

This form continues on the following page.

Section A			
First name	Middle name	Last name	
Date of birth (dd/mmm/yyyy)	Title/position with company		
Home address (This address must be a physical address, not a box number or general delivery)			City
Province	Postal code	Phone number	Date business commenced (dd/mmm/yyyy)

Section B - Complete if requesting new optional insurance	
Amount of coverage requested	Today's date (dd/mmm/yyyy)

Section C - Complete if requesting a change in the amount of existing optional insurance	
Revised coverage amount requested	Today's date (dd/mmm/yyyy)

Section D - Complete if cancelling existing optional insurance	
Name	Today's date (dd/mmm/yyyy)

Optional insurance declaration

Please read the following information carefully. It explains how optional insurance changes your status under the *Workplace Safety and Insurance Act (the Act)*.

I understand that:

1. Owners, partners, executive officers and independent operators are not automatically entitled to benefits under the Act, unless they are included in expanded compulsory coverage in construction.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB mandatory coverage.
3. I must have optional insurance for a minimum of three consecutive months.
4. With optional insurance, I am entitled to all benefits workers receive.
5. I am giving up my right to sue workers and businesses whose industries are covered under Schedule 1 of the Act for damages sustained in a workplace injury.
6. I must send the WSIB proof of earnings when first requesting optional insurance.
7. If my earnings level changes, I must send the WSIB a signed request to revise the amount of insurance coverage, along with proof of earnings.
8. The WSIB may deny my request for coverage if I do not provide proof of earnings.

9. The WSIB may request proof of earnings at any time.
10. The WSIB may adjust the amount of optional insurance that I request.
11. My optional insurance will continue beyond the minimum three months until either the WSIB or I cancel the insurance.
12. If I have a workplace injury, my optional insurance will remain in effect until I notify the WSIB, in writing, that I wish to cancel it or that my status has changed to mandatorily covered.
13. If I have a workplace injury, my earnings at the time of my injury will be compared to the amount of my optional insurance. The WSIB will base benefits on whichever is the lower amount - my earnings or my optional insurance coverage.
14. If I am paid benefits at an amount that is lower than the amount of my optional insurance, the amount of my optional insurance will not be retroactively adjusted.
15. The WSIB may cancel or deny renewal of my optional insurance if the business paying for it has amounts owing, or the WSIB determines I am mandatorily covered under the Act. If any premium is owing on my optional insurance, the amount of the unpaid premium may be deducted from my benefits.
16. The effective date for new optional insurance requests, changes to or cancellations of optional insurance will either be the date that the completed optional insurance request/change form is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am mandatorily covered, the effective date of changes to, or cancellation of, my optional insurance may be made retroactively.

Applicant's name	Applicant's signature	Date (dd/mmm/yyyy)
------------------	-----------------------	--------------------

Owner's certification

I hereby certify that I am an owner (or authorized officer) responsible for this account. I also certify that the amount of optional insurance requested accurately represents the earnings of the applicant.

I acknowledge that the accident costs associated with any work-related injuries for the applicant will be applied to the accident record for this account.

Personal information on this form is collected under the authority of the Act, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.

Name of owner or authorized officer	Title	
Signature	Phone number	Date completed (dd/mmm/yyyy)