WSCC Workers' Safety & Compensation Commission | ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᓪᓕᐅᒃᑯᒫᓂᒃ ᖃᐅᔨᓴᖅᑏᑦ

Personal Optional Coverage Application

Please complete this form only if you require personal optional coverage.
Return it to the address below.

NOTE: Once you are approved, you will have the same workers' compensation benefits as a worker. Persons not automatically covered as part of their employment can apply for personal optional coverage are a director of a corporation, a business owner with workers, or a self-employed person with no workers.

Employer Number

Last Name	First Name
Company Name	Company Position

Mailing Address	City/Town	Province/Territory	Postal Code

Telephone (include Area Code)	Cell (include Area Code)	Email Address

I perform work in the ❑ Northwest Territories ❑ Nunavut ❑ Both	Northwest Territories and/or Nunavut Communities currently operating in

Description of Operation

Please select one of the following:

❑ I am a director of a corporation and guide or control the corporation's policies and purposes

❑ I am an employer

❑ I am self-employed and have no workers

Coverage:

I am applying for coverage in the amount of $ _____.00

❑ I acknowledge that this is the amount the WSCC will use when determining my compensation rate

❑ **I will provide acceptable proof of earnings to support my application**

Coverage required: From ___ ___ ___ (MM DD YYYY) To ___ ___ ___ (MM DD YYYY)

Applicant Signature _____ **Please print form to sign** Date ___ ___ ___ (MM DD YYYY)

FOR WSCC USE ONLY

Amount of Coverage	Effective Dates	Authorization
$ _____	From ___ ___ ___ (MM DD YYYY) To ___ ___ ___ (MM DD YYYY)	_____

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations,* and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

Yellowknife: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596
Toll Free Fax: 1-866-277-3677 • Email: employer@wscc.nt.ca
or
Iqaluit: 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501
Toll Free Fax: 1-866-979-8501 • Email: employernu@wscc.nu.ca

wscc.nt.ca • wscc.nu.ca

Ce formulaire est disponible en francais
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