

Personal Optional Coverage Application

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

NOTE: Approved personal optional coverage provides protection under the *Workers' Compensation Acts*, including benefits and immunity from suit provisions.

Employer Number	_

Last Name		First Name				
Company Name		Company Position				
Mailing Address	City/Town	Provir	nce/Territory	Postal Code		
Phone Number	Fax Number		Cell Number			
Email	NT and/or N		NU Communities Currently Operating In			
Description of Operation						
I am (check (🗸) one of the following):					
A director of a corporation, and guide or control the corporation's policies and purposes;						
☐ An employer; or						
Self-employed without workers.						
My rate of compensation for my personal optional coverage applications is \$00.						
I ACKNOWLEDGE this is the amount the WSCC will use as my actual rate of compensation.						
I will provide acceptable proof of earnings.						
Optional coverage required:	MM DD YY	MM DD	YY			
From		То				
The WSCC may use this information for the	ne administration of the M	Vorkers' Compensation	Acts			
the Safety Acts, and/or the Mine Health an				DD YY		
Applicant Signature			Date			
FOR WSCC USE ONLY						
Amount of Coverage	Effective Dates		Authorization	Authorization		
\$						

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.

Head Office: 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

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax: 1-866-979-8501

employer@wscc.nt.ca • employernu@wscc.nu.ca wscc.nt.ca • wscc.nu.ca