

Request for Optional Insurance (to be completed only if optional insurance is required)

If the independent operator wants optional insurance in their own WSIB account, the independent operator must send this entire form along with the completed "Optional Insurance Request" form which is enclosed, to the WSIB. Optional insurance becomes effective on the date the signed request for optional insurance is received by the WSIB.

I, _____ request optional insurance as an independent operator in my own WSIB account.

I have completed the attached Optional Insurance Request Form ☐ Yes ☐ No

What To Do If An Accident Happens

The Workplace Safety & Insurance Act requires you to file a report within three days of learning of an occupational injury or disease that disables a worker or requires health care. Failure to do so may result in a late filing penalty being levied. This report of accident must be submitted on a **Form 7 - Employer's Report of Injury/Disease**.

If you wish to discuss details of optional insurance or managing your WSIB account, you may contact the WSIB office listed on the next page.

Request for WSIB Identification Number (to be completed only if optional insurance is not required)

I, _____ do **not** wish to obtain optional insurance at this time; however, I require a WSIB identification number as an independent operator without insurance.

Having declined optional insurance, I understand that should a work-related injury occur, I will not be eligible for any WSIB benefits.

Applicant's Signature	Date (dd/mm/yyyy)
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