



Workplace Safety
& Insurance Board
Commission de la sécurité
professionnelle et de l'assurance
contre les accidents du travail

200 Front Street West
Toronto ON M5V 3J1
200, rue Front Ouest
Toronto ON M5V 3J1

Optional Insurance Request/Change

Please complete this section in full except where there is preprinted information.	
Account No.	Firm No.
Date	
Telephone Enquiry Number (416) 344-1000 1-800-387-0750	

If you are **requesting** optional insurance or **changing** the amount of existing optional insurance, please:

- complete the sections **A** and **B** (for new requests) or **C** (for changes)
- 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)

Individuals who are canceling their optional coverage must complete section **D**, or forward their request in writing to their local WSIB office. The WSIB accepts the following documents as **proof of earnings**, issued by the owner or authorized officer responsible for this account.

For Executive Officers

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

For Independent Operators, 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 Canada Revenue Agency to report business income to CRA.

If the applicant's company has been in business for **less than one (1) year**, the amount of coverage for premium and benefit purposes is set at 1/3 of the annual maximum insurable earnings.

If the applicant's company has been in business for **more than one (1) year**, the amount of coverage for premium and benefit purposes must accurately reflect the applicant's actual annual earnings, as supported by documents listed above.

Coverage will not be provided if your operation shows a **net business loss**.

Loss of earnings benefits are not paid if your operation shows a **net business loss**, despite active optional insurance.

If the level of earnings cannot be substantiated, the WSIB may deny the request for optional insurance.

The WSIB may deny coverage (or coverage renewal) or cancel coverage in the absence of acceptable proof of earnings.

Any change to the amount of optional insurance will take effect on the date the signed request and satisfactory proof of earnings are received by the WSIB.

The WSIB may require prepayment for optional insurance premiums.

If the applicant is paid benefits at an amount that is lower than the amount of optional insurance, the amount of optional insurance will not be retroactively adjusted.

If you have any questions or require more information, please call the WSIB at the telephone number listed at the top of this form.

A. This section must be completed.					
First Name		Middle Name		Last Name	
Date of Birth (e.g. 01JAN1994)		Title/Position with Company			
Home Address (This address must be a physical address, not a box number or general delivery) City					
Province		Postal Code		Area Code Telephone No. Date Business Commenced (e.g. 01JAN1996)	
B. Complete only if the applicant is requesting new optional insurance.					
Amount of Coverage Requested \$		Today's Date (e.g. 01JAN1996) dd mm yy		Applicant's Signature (must be signed)	
C. Complete only if the applicant is requesting a change in the amount of existing optional insurance.					
Revised Coverage Amount Requested \$		Today's Date (e.g. 01JAN1996) dd mm yy		Applicant's Signature (must be signed)	
D. Complete only if the applicant is canceling existing optional insurance.					
Name	Today's Date	Signature (must be signed)		Name	Today's Date Signature (must be signed)