

Please complete the attached Determining Worker/Independent Operator Status Questionnaire if one of the following applies:

- **You are not employing full or part-time help**
- **You have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract**
- **You are a company engaging contractors and require a worker/independent operator status determination**
- **You would like an account established for Optional Insurance**

**What do I submit to the Workplace Safety and Insurance Board (WSIB)?**

1. The completed Determining Worker/Independent Operator Status Questionnaire signed by you (the Individual) and the company with whom you currently have a contract (the Principal)
2. Copies of 3 - 5 recent invoices/contracts for different companies to demonstrate that you work for more than one company
3. A copy of your business registration or Certificate/Articles of Incorporation
4. A copy of the HST number, if applicable
5. Copies of any recent purchase orders for materials that you supply as part of your contract e.g. cleaning supplies, tools, office supplies or equipment
6. Advertising material such as business cards, flyers, website, if available
7. A completed Optional Insurance Request/Change Form, if requested (Form 1574A enclosed)
  - Proof of earnings if requesting optional insurance

**Reminder:**

- When completing the questionnaire, you are considered the Individual and the company with whom you have a contract is considered the Principal
- Make sure to send the WSIB the signed questionnaire and the required supporting documentation
- Individuals who have been determined to be independent operators by the WSIB, can apply for Optional Insurance.

**Please send your completed questionnaire(s) and all required documents listed above to the WSIB at the address, fax or email indicated at the top of this page. If you require more information or further assistance, you may call (416) 344-1000 or toll free at 1-800-387-0750 Monday to Friday from 7:30 a.m. to 5:00 p.m.**

**Introduction**

Your response to the statements in PART 2 will indicate whether you are an independent operator under the *Workplace Safety & Insurance Act* (the Act).

**Workers** are entitled to benefits provided by the Act and their employers must pay premiums to the Workplace Safety and Insurance Board (WSIB).

**Independent operators** are not automatically covered under the Act but may elect to be considered "workers" and be covered under the Act. If independent operators choose to be covered, they must obtain optional insurance in their own WSIB accounts. The independent operator is responsible for paying for their own WSIB insurance. Once they have obtained optional insurance with the WSIB, the independent operators and their dependents may lose their right to sue for damages resulting from a work-related accident. The amount of optional insurance selected must reflect the independent operator's annual earnings for labour. The minimum period for optional insurance is three months.

**Company** means the firm that hires and pays the individual to pickup and deliver packages, parcels or letters.

Who should complete this questionnaire?

- Individuals who drive vehicles to pickup and deliver packages, parcels or letters
- The company(ies) that hire them (or their respective representatives).

**Note :** Couriers who collect or deliver on foot or by bicycle are considered workers and should not complete this questionnaire.

After completing Part 2 of this questionnaire, if the responses indicate that the individual is an independent operator, the individual and the company must sign the questionnaire on page 2 to verify that the statements reflect the work relationship and send it to the Workplace Safety and Insurance Board, Employer Service Centre, 200 Front Street West, Toronto ON M5V 3J1 for confirmation.

The independent operator may request optional insurance and the establishment of their own WSIB account in the "REQUEST FOR OPTIONAL INSURANCE" section on page 3.

**Part 1**

Please fill in the blanks or check the appropriate box.

Describe the work that the individual performs?

State what equipment and vehicle the individual owns, rents or leases which is required to courier packages, parcels or letters (i.e. car, van, two-way radio, pager, cellular phone).

Does the individual hire any help?

Y ☐

N ☐

Does the individual have a previous or current WSIB account number?

Y ☐

N ☐

If yes, please state the account number.



## Part 2

Individuals will be treated as independent operators, for workplace safety and insurance purposes only, if they meet **all** the following five criteria:

- 1) The contractor and the individual state that the relationship is one of contract for service and not that of employer and employee and the individual does not use the company's name except for licensing purposes or statutory requirements on any vehicle. For security purposes, removable photo identification is acceptable.
- 2) The individual pays for the vehicle and more than 50% of the operating expenses (e.g. gas, maintenance, insurance, license, pager, cellular phone, parking tickets, towing).
- 3) The company does not control the individual's operation except in deciding what pickups and deliveries are offered and what shippers' instructions are being passed by the company.
- 4) The individual is free to perform pickups or deliveries for any other party at any time and is free to set their own work schedule.
- 5) The principal does not issue a Canada Revenue Agency T4 statement to the individual.

I/we understand that the WSIB reserves the right to verify that the work relationship contains all of the features listed above. If the work relationship does not have all of these features, the WSIB will reverse the determination of status retroactively to the date that the relationship began.

Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act, 1997*, 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.

Individual's Name (please print)		Signature		Date (dd/mm/yyyy)	
Address					
		Postal Code	Telephone Number		FAX Number

Company(ies) Names	Authorizing Name & Signature	Position	WSIB Account Number
Apple Express Courier Ltd.	RICK GILL 	Director of Transportation	6695034

### 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/mmm/yyyy)
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## Contact Information

**Business Hours:**  
**7:30 a.m. – 5:00 p.m.,**  
**Monday to Friday.**

Head Office  
Simcoe Place  
200 Front Street West  
Toronto ON M5V 3J1

**Telephone**  
(416) 344-1000  
Toll-Free  
1-800-387-0750

**Teletypewriter (TTY)**  
1-800-387-0050

**Fax**  
(416) 344-4684  
Toll-Free  
1-888-313-7373

**Internet**  
e-mail address:  
employeraccounts@wsib.on.ca

Web site address:  
**www.wsib.on.ca**

Other Services	Telephone	Fax
Clearances	(416) 344-1000 1-800-387-0750	(416) 344-4684 1-888-313-7373
eServices Support	(416) 344-4122 1-888-243-1569	

### **Register now for 24/7 online access to a range of WSIB services.**

It's so easy to register for our eServices. Just visit our website at [www.wsib.on.ca](http://www.wsib.on.ca) and set up an eServices account.

Once you are on our website, all you need to do is enter your contact information, select a User ID and answer security questions. We'll send you an email notification for your confirmation and you'll be ready to log on and use our eServices to calculate and submit premiums, report injuries and track your claim frequency and costs online, 24/7!





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.

<b>A. This section must be completed.</b>					
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>B. Complete only if the applicant is requesting new optional insurance.</b>					
Amount of Coverage Requested \$		Today's Date (e.g. 01JAN1996) dd mmm yyyy		Applicant's Signature (must be signed)	
<b>C. Complete only if the applicant is requesting a change in the amount of existing optional insurance.</b>					
Revised Coverage Amount Requested \$		Today's Date (e.g. 01JAN1996) dd mmm yyyy		Applicant's Signature (must be signed)	
<b>D. Complete only if the applicant is canceling existing optional insurance.</b>					
Name	Today's Date	Signature (must be signed)	Name	Today's Date	Signature (must be signed)



## Optional Insurance Declaration

Please read the following information carefully. It explains how Optional Insurance changes your status under the *Workplace Safety & Insurance Act* (referred to here as "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 compulsory coverage in the construction industry.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB compulsory coverage.
3. I must have optional insurance for a minimum of three (3) consecutive months.
4. With optional insurance, I am entitled to all benefits due to a worker.
5. I am giving up my right to sue workers and employers 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 (3) 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 compulsorily 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 employer paying for it is in arrears, or the WSIB determines I am compulsorily 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 form 1574A is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am compulsorily 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)
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## 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 *Workplace Safety & Insurance Act*, 1997, 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	Telephone Number	Date Completed (dd/mmm/yyyy)

### For Office Use Only:

WSIB Representative	Date (dd/mmm/yyyy)	Amount of Coverage \$	Effective Date (dd/mmm/yyyy)
<input type="checkbox"/> Proof of earnings received			
<input type="checkbox"/> Proof of eligibility received			
<input type="checkbox"/> Actual earnings used			
<input type="checkbox"/> 1/3 of maximum insurable earnings used			