

Complete the determining worker/independent operator status – courier, 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 need to submit to the Workplace Safety and Insurance Board (WSIB)?

1. A 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. Three to five copies of 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. 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
5. If available, advertising material such as business cards, flyers or website address
6. If applicable, a copy of the HST number

If you are requesting optional insurance, please include a completed Optional insurance request/change form along with proof of earnings.

Please send your completed questionnaire and supporting documents to us by:

Email: employeraccounts@wsib.on.ca

Mail: 200 Front Street West, Toronto, ON M5V 3J1

If you require more information or further assistance, you can call us at 416-344-1000 or toll free at 1-800-387-0750 from Monday to Friday from 7:30 a.m. to 5:00 p.m

Reminder:

- When completing the questionnaire, you are considered the individual and the company for 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.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

200 Front Street West, Toronto, Ontario, M5V 3J1

Toll free: 1-800-387-0750 | **TTY:** 1-800-387-0050 | wsib.ca

1157A (10/20)

Who should complete this questionnaire?

- Individual who drives a vehicle to pick up and deliver packages, parcels or letters
- the hiring company or their respective representatives

Please 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.

The individual and the company may submit separate questionnaires if:

- they disagree with the answers to some or all of the questions

Key terms

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

Independent operators can choose to apply for coverage as “workers” under the WSIA. If they want insurance, they must pay their own premiums. The independent operator may request optional insurance and the establishment of their own WSIB account.

Company is the business that hires and pays the individual to pick up and deliver packages, parcels or letters.

Part 1

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? | yes | no |
|------------------------------------|-----|----|

| | | |
|---|-----|----|
| Does the individual have a previous or current WSIB account number? | yes | no |
|---|-----|----|

If yes, please provide this number.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

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 per cent 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 (print please) | Signature | Date (dd/mmm/yyyy) |
|----------------------------------|-----------|--------------------|

Address

| | | | |
|------|----------|-------------|-----------|
| City | Province | Postal code | Telephone |
|------|----------|-------------|-----------|

| Company name | Authorizing name and signature | Position | WSIB account number |
|--------------|--------------------------------|----------|---------------------|
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|--|-------------|
| Please complete this section in full except where there is preprinted information. | |
| Account number | Firm number |
| Date (dd/mmm/yyyy) | |
| WSIB contact information 416-344-1000 1-800-387-0750 | |

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

- complete sections **A** and **B** for new requests or **A** and **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 CRA to report business income
- If the applicant’s company has been in business for **less than one 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 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.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

| Section A | | | |
|--|-----------------------------|-----------|---------------------------------------|
| First name | Middle name | Last name | |
| Date of birth (dd/mmm/yyyy) | Title/position with company | | |
| Home address (This address must be a physical address, not a box number or general delivery) | | | City |
| Province | Postal code | Telephone | Date business commenced (dd/mmm/yyyy) |

| Section B. Complete if requesting new optional insurance | | |
|--|----------------------------|-----------------------|
| Amount of coverage requested | Today's date (dd/mmm/yyyy) | Applicant's signature |

| Section C. Complete if requesting a change in the amount of existing optional insurance | | |
|---|----------------------------|-----------------------|
| Revised coverage amount requested | Today's date (dd/mmm/yyyy) | Applicant's signature |

| Section D. Complete if canceling existing optional insurance | | | | | |
|--|--------------|-----------|------|--------------|-----------|
| Name | Today's date | Signature | Name | Today's date | Signature |
| | | | | | |
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Optional insurance declaration

Please read the following information carefully. It explains how optional insurance changes your status under the *Workplace Safety & Insurance Act* (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 mandatory 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 mandatory coverage.
3. I must have optional insurance for a minimum of three 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 businesses 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 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 mandatorily 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 business paying for it has amounts owing, or the WSIB determines I am mandatorily 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 optional insurance request/change form is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am mandatorily 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) |
|------------------|-----------------------|--------------------|

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 Act, 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 | Date completed (dd/mmm/yyyy) |

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|--|---|-----------------------|------------------------------|
| For office use only: | | | |
| WSIB representative | Date (dd/mmm/yyyy) | Amount coverage \$ | Effective date (dd/mmm/yyyy) |
| <input type="checkbox"/> Proof of earnings received | <input type="checkbox"/> Actual earnings used | | |
| <input type="checkbox"/> Proof of eligibility received | <input type="checkbox"/> 1/3 of maximum insurable earnings used | | |