

# We've got you covered

## Personal Optional Protection insurance

When you purchase Personal Optional Protection (POP), you protect yourself against income loss, and are eligible for medical and rehabilitation services if you're injured on the job.

### 1. Who can apply for Personal Optional Protection?

Individuals who are not automatically covered by the *Workers Compensation Act*, such as people who are self-employed, partners, or proprietors, are eligible to apply for Personal Optional Protection.

### 2. How much does it cost?

The amount you pay depends on the business you're in and the coverage you've purchased. For example, if you're a courier driver supplying your own vehicle, the rate you'll be charged in 2010 for Personal Optional Protection is \$2.81 for each \$100 of coverage. So, if you select \$2,500 for your monthly coverage, your monthly premium will be \$70.25. To learn more about the rate for the type of work you do, go to [WorkSafeBC.com](http://WorkSafeBC.com), and select Rates/classifications from the home page.

### 3. How much coverage should I buy?

Personal Optional Protection is an insurance plan for income replacement and medical care, and the amount you purchase should reflect your actual earnings. In 2010, you can purchase between \$1,500 and \$5,933 of monthly coverage. Please note that the coverage you purchase shouldn't exceed your net monthly earnings and that you must provide proof of earnings if you apply for more than \$2,500 a month. If you're eligible for disability benefits from the Canada Pension Plan, please read the details of question 4 carefully before selecting your coverage amount.

### 4. How much will I receive if I'm injured?


Generally, WorkSafeBC pays income replacement benefits based on 90 percent of net average earnings; that is, the average amount remaining after probable deductions for income taxes, Canada Pension Plan contributions and Employment Insurance premiums. Since the amount of Personal Optional Protection coverage purchased is considered gross earnings, amounts equivalent to the probable deduction for income tax, CPP and EI are subtracted from the coverage you purchased to determine your net earnings. Income loss benefits are then based on 90 percent of the amount remaining.

Here's a snapshot of the estimated amount you will receive based on your coverage:

Monthly coverage selected	Approximate monthly income replacement benefit
\$1,500 (minimum coverage)	\$1,245
\$2,000	\$1,581
\$2,500	\$1,916
\$3,000	\$2,252
\$4,000	\$2,874
\$5,000	\$3,507

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Please note that if you are injured and have reached the usual retirement age of 65, your income replacement benefits will be reduced unless you can provide evidence that you would have continued working beyond that age.

If there is evidence that you have been permanently disabled by a work-related injury or disease, you will be assessed for disability benefits. A permanent disability award may be reduced by an amount equal to 50 percent of any benefit paid under the Canada Pension Plan. Therefore, you should take this into account when deciding how much coverage to purchase.

In the case of work-related fatalities, WorkSafeBC contributes to funeral costs and pays survivor benefits directly to dependants. Those benefits may vary, depending on the age and number of dependants, and may also be affected by Canada Pension Plan survivor benefits.

### **5. What other services will I receive if I'm injured?**

You will receive the medical care you need to recover, including appointments with physicians and specialists if required; lab, x-ray services, and medical supplies; and prescription drugs. If you need assistance getting back to work, you may also receive vocational assessment and planning, counselling, and skills development and placement assistance.

### **6. How do I apply for Personal Optional Protection?**

The quickest way is online at [WorkSafeBC.com](http://WorkSafeBC.com), where you can select one of several payment plans to meet your needs. If you provide all the required information, we will begin processing your application the next business day. Please note that it may take a few days to activate your coverage. If you prefer, you can complete the attached application form and return it to our Employer Service Centre by mail, fax, or in person. Be sure to complete an Employer's Registration Application as well so we can determine the classification that best reflects your business. To avoid delays in activating your coverage, remember to complete all applicable sections on both forms.

### **7. When will my coverage come into effect?**

If your coverage is accepted, it will come into effect the day we received your application, as long as you have completed all sections in full and that your information is legible. If you want your coverage to begin on a future date, please specify that date in section H of your application.

### **8. How long will my coverage remain in effect?**

Your coverage will be renewed automatically every year in December and will remain in effect, with premiums payable, until you or WorkSafeBC cancels it.

### **9. How do I pay my premiums?**

You can pay your premiums online, through our automated telephone system at one of the numbers listed below, at your bank, at any WorkSafeBC office, or by mail. To avoid the cancellation of your coverage, you must make your payment by the due date on your invoice and comply with WorkSafeBC's occupational health and safety regulations.

### **10. What should I do if I'm injured?**

Seek medical attention for your injury. Be sure to tell your doctor your injury is work related. As soon as you can, report your injury to WorkSafeBC by calling our Teleclaim Centre, toll free at 1 888 967-5377, Monday to Friday, from 8:00 a.m. to 4:00 p.m.

### **11. Can I still pursue legal action if I'm injured at work?**

Registering for coverage may negate your rights to pursue legal action if you're injured at work or while conducting business on your firm's behalf. Before you register for Personal Optional Protection, you may want to seek advice from your lawyer.

### **12. What happens if I incorporate my business?**

Personal Optional Protection is available only to proprietors and partners of non-limited companies. If you incorporate your business, you may no longer be eligible for POP and should contact our Employer Service Centre at your earliest convenience to discuss your coverage.

### **13. I don't employ any workers now, but may hire some in the future. What should I do at that time?**

You should contact our Employer Service Centre immediately to set up worker coverage on your account, as required by law.

### **14. How can I get more information?**

Visit our web site at [WorkSafeBC.com](http://WorkSafeBC.com) where you'll find a wealth of information about Personal Optional Protection, the benefits of your coverage, and vocational rehabilitation services for people who suffer an occupational injury or disease. You can also contact our Employer Service Centre at 604 244-6181 or 1 888 922-2768.



## Summary of Terms and Conditions

1. Once this application is accepted by WorkSafeBC, the terms and conditions form part of a legally binding contract.
2. These terms and conditions incorporate by reference *Assessment Manual* item AP1-2-3 and related practice directives and carry the same force and effect as those documents. *Assessment Manual* item AP1-2-3 and associated practice directives are published in the *Assessment Manual* and can be accessed electronically at WorkSafeBC.com.
3. WorkSafeBC revises *Assessment Manual* item AP1-2-3 and practice directives from time to time without notice. Once published, those revisions are incorporated into these terms and conditions.
4. You may submit an application for Personal Optional Protection online or on the prescribed form by mail, fax, or in person. Once submitted, WorkSafeBC will confirm that it has been received and advise you whether or not your application has been accepted.
5. Reasons why coverage will not be granted include:
  - a) The application is incomplete, unsigned, or illegible.
  - b) The terms of the application have been altered.
  - c) You are a registered employer and are not in compliance with your reporting and remitting requirements.If your application is rejected, we will advise you by mail. You may reapply for coverage when the reasons for rejection have been addressed.
6. Your coverage is effective on the date your application is accepted by WorkSafeBC, or at a later date specified by you in the application. To be accepted, your application must be legible and completed in full.
7. If you suffer a work-related injury, your benefits can include wage loss, health care, vocational rehabilitation, and permanent disability benefits. Disability benefits may be reduced if you receive a pension from WorkSafeBC or another organization.
8. Subject to the aggregate statutory maximum, WorkSafeBC pays wage-loss benefits based on 90 percent of net average earnings; that is, the amount remaining after probable deductions for income taxes, Canada Pension Plan contributions, and Employment Insurance premiums. For Personal Optional Protection, the amount of coverage purchased is equivalent to gross wages, and net earnings are determined by subtracting amounts equivalent to those probable deductions. Wage-loss benefits are then 90 percent of the amount remaining.
9. In the case of a work-related fatality, WorkSafeBC will pay toward funeral costs. Survivor benefits may vary, depending on the age and number of dependants, and may also be affected by Canada Pension Plan survivor benefits. Survivor benefits are paid directly to dependants.
10. Personal Optional Protection is subject to a one-month minimum charge per application. Premiums will be charged for a full month, even if the applicant requests coverage for a shorter period.
11. Your initial premium is due within 20 days of the effective date of your coverage. Subsequent premiums may be billed quarterly or annually.
12. You may cancel your coverage online or by telephone, or by mailing, faxing, or delivering your written request for cancellation to WorkSafeBC. WorkSafeBC will send a letter or e-mail confirming the cancellation of your coverage. This correspondence will be sent to your last known address.
13. WorkSafeBC may terminate coverage immediately and without notice if you (or your firm):
  - a) Fail to advise WorkSafeBC of every material fact affecting your coverage
  - b) Fail to pay your premium in full prior to or on the invoice due date
  - c) Do not meet the requirements for mandatory coverage under the *Workers Compensation Act*
  - d) Do not provide information to WorkSafeBC or a WorkSafeBC officer as and when requested
  - e) Do not allow officers of WorkSafeBC to inspect your worksite, premises, or records
  - f) Fail to comply with an order or direction issued by WorkSafeBC under Part 3 of the Act
  - g) Experience a change in eligibility status (i.e. if you are no longer a proprietor), in which case termination is effective the date of the status change

### **Freedom of Information and Protection of Privacy Act**

Personal information on this application is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of the administration of the *Workers Compensation Act*. For further information, please contact WorkSafeBC's Freedom of Information Coordinator.

Please return your application by mail, fax, or in person.

Mailing Address	Location	Employer Service Centre
PO Box 5350 Stn Terminal	6951 Westminster Highway	Telephone 604 244-6181
Vancouver BC V6B 5L5	Richmond BC	Toll Free 1 888 922-2768
WorkSafeBC.com		Fax Number 604 244-6490

# insurance

## Protecting employers and workers

In many jurisdictions around the world, workers can sue their employers for damages if they suffer work-related injuries. The damages awarded can be significant and, in some cases, have actually bankrupted successful companies.

That's not the case in British Columbia, thanks to what's known as the historic compromise on which the province's workers' compensation system is founded. In return for giving up the right to sue their employers for work-related injuries and diseases, workers receive no-fault wage loss and medical benefits if they are injured at work.

In return for protection against lawsuits, employers have a legal requirement to register for insurance coverage with WorkSafeBC (the Workers' Compensation Board of B.C.) provide a safe and healthy workplace, and pay insurance premiums to fund the system.

### Registering with WorkSafeBC

Virtually all firms that hire workers — whether these workers are full-time, part-time or casual — are required by law to register with WorkSafeBC. This includes incorporated companies that employ only their shareholders and individuals who hire family members to work in their business. B.C. residents who hire contractors to build or renovate their homes, casual help for ongoing services such as gardening or home repairs, or domestic workers to provide in-home services, may, in some cases, also be required to register. Check your registration requirements online at [WorkSafeBC.com](http://WorkSafeBC.com).

### Completing this application

Please read the instructions carefully before completing this application. To avoid processing delays, be sure to complete it in full and to sign it before submitting it to WorkSafeBC. Return the completed application by mail, fax, or in person. To save time, you can also complete the application online at [WorkSafeBC.com](http://WorkSafeBC.com). Once we have received the application, we will review it to determine whether the applicant qualifies for registration with WorkSafeBC. The applicant will then receive a letter confirming our decision.

### For more information

Please contact our Employer Service Centre, 8:30 a.m. to 4:30 p.m., Monday through Friday.

- Phone:** 604 244-6181  
or toll free: 1 888 922-2768
- Fax:** 604 244-6490
- Mailing address:** P.O. Box 5350 Station Terminal  
Vancouver BC V6B 5L5
- Head office:** 6951 Westminster Highway  
Richmond, BC V7C 1C6
- Regional offices:** Check listings at [WorkSafeBC.com](http://WorkSafeBC.com)
- Web site:** [WorkSafeBC.com](http://WorkSafeBC.com). For more information about registration requirements, go to Regulation & Policy and select Assessment Manual

## How to complete your application

### Section 1 – Business/resident information

#### Legal name of applicant

Enter the legal name of the firm applying for registration (e.g., the name under which the corporation is incorporated or registered with the Canada Revenue Agency). If the firm is a proprietorship or partnership, enter the full legal name(s) of the proprietor or partners.

#### CRA Business Number

Enter the first nine digits of the firm's CRA program account, such as a GST/PST number. If the firm does not have a Business Number, the firm can apply for one from BC's OneStop online service at [www.bcbusinessregistry.ca](http://www.bcbusinessregistry.ca).

#### Business type

The majority of firms are partnerships, proprietorships and limited companies. If the firm applying for registration is a First Nations Band, cooperative, municipality, society, union, government, agency, church, or district, select **other**.

**Note:** All B.C. workers are automatically covered for workers' compensation. However, proprietors and their spouses, as well as partners in a partnership, are not considered workers unless they have been granted optional coverage. If you are a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. You will find the application form online at [WorkSafeBC.com](http://WorkSafeBC.com).

### Section 2 – Business contact information

Enter the firm's contact details, including the physical address, telephone and fax numbers, and e-mail address.

### Section 3 – Worker and payroll details

#### Worker information

Enter the number of workers in the firm, as well as the date the first worker was hired. A worker is anyone who is employed full-time, part-time, casually, or on a contract basis, and who is remunerated by wage, salary, commission, or other means. Workers include those in administration and management, clerical staff, labourers, labour contractors who are

not registered with WorkSafeBC, and active shareholders. If you are registering to cover someone who works in or around your home — such as a babysitter, gardener, or labourer for home repairs — complete this section as well.

### Estimate of annual payroll

Payroll includes any means by which workers, family members, shareholders, office staff, and casual labour and administrative personnel are paid. When estimating payroll, be sure to include all forms of remuneration, such as gross payroll earnings, commissions, holiday pay, sick leave pay, leave of absence pay, and management fees. If the firm hires subcontractors who do not have their own WorkSafeBC coverage, also include the amounts paid to them.

## Section 4 – Business operations (go directly to section 7 if you are a resident hiring workers in or around your home)

### Description

Describe the firm's business operations, including the nature of the goods and/or services provided to customers. For example:

- A convenience store selling miscellaneous groceries to the general public
- An owner-operator providing dump truck services
- A software company that provides consulting services
- A drywall company that works on commercial projects

### Major revenue-producing equipment

Revenue-producing equipment includes the major items the firm supplies to complete a contract. Examples include skidders, loaders, backhoes, mobile welding trucks, dump trucks, cars used in the courier industry, and trucks used in the trucking industry. Hand tools and personal crew transportation equipment – cars, pickups, and crummies, for example – do not fall within this definition.

### Major materials

These are the primary materials that the firm supplies to complete a contract at a fixed price. Examples include: paint for a painting contract, drywall for a drywall contract, or lumber or concrete for a construction contract. Supplementary materials – like nails and drywall tape – do not fall within this definition.

## Section 5 – Previous registration/affiliated firms

### Previous registration/affiliated firms

If the firm applying for registration, or a partner or shareholder of the firm, has previously had an account with WorkSafeBC, select **yes** and complete this section.

Firms are affiliated when:

- Directly or indirectly, through one or more intermediaries or other means, one firm controls the other firm, or both firms are controlled by the same person or groups of persons, or

- The firms are controlled by family members — immediate, extended, or equivalent

Affiliated firms are common in many industries: in construction, for example, where a management firm may provide administrative or payroll services to an affiliated company. If the firm applying for registration is affiliated to other firms, list the firms, along with their contact details and WorkSafeBC account numbers.

## Section 6 – Trucking and courier industry

If the firm applying for registration operates in the trucking industry or as a courier, describe the firm's business operations and services. Also supply information about vehicles used by the firm and the firm leasing them, if applicable. If the firm works in trucking and drives into other provinces, it may be able to pay its insurance premiums in one province only. For more information, go to **WorkSafeBC.com** and select **Application for alternative assessment procedure for interjurisdictional trucking**.

## Section 7 – Residents who hire workers for home services

If you are hiring workers for any of the services listed on the application, please complete this section in full.

## Section 8 – Contractors and subcontractors

If the firm applying for registration is a contractor or subcontractor, please complete this section in full.

## Section 9 – Corporations and partnerships

Enter the contact details and social insurance numbers of partners or shareholders. If the firm is a corporation, also include the monthly earnings of shareholders who are active in the business. Be sure to include this amount in Section 3 as well.

**Note:** *All B.C. workers are automatically covered for workers' compensation. However, proprietors and their spouses, as well as partners in a partnership, are not considered workers unless they have been granted optional coverage. If you are a proprietor or partner and you would like to be covered for workers' compensation, you must apply for Personal Optional Protection. You will find the application form online at **WorkSafeBC.com**.*

## Section 10 – Certification

This application must be signed by an authorized representative of the firm that is applying for registration. Be sure to include a telephone number in case we need to contact that person for more information.

**REGISTRATION APPLICATION***PLEASE PRINT. Attach additional sheets if required.***WorkSafeBC use only**

Account number

**1. Business/resident information**

Legal name of applicant		Canada Revenue Agency Business Number <i>(first nine digits only)</i>	
Trade name <i>(if different from legal name)</i>		Business web site	
<b>Select appropriate business type</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/> Individual employing worker(s) for domestic or in-home care services or for home maintenance/repairs	<b>For proprietorships only</b> Enter the social insurance number of proprietor  Social insurance number _____	<b>For corporations/societies only</b> If you operate a corporation, enter incorporation number and date Incorporation number _____ Incorporation date _____ <small>yy/mm/dd</small>	

**2. Business contact information**

<b>Business mailing address</b>				
Street address		City	Province	Postal code
Business phone number (    )	Home phone number (    )	Fax number (    )	E-mail address	
<b>Physical address or operating location of business <i>(if different from above)</i></b>				
Street address		City	Province	Postal code

**3. Worker and payroll details *(Important: Please see instructions before completing.)***

Do you employ workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of workers	Start date of first worker <small>yy/mm/dd</small>	Estimate of annual payroll for all workers \$
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**4. Business operations *(If you are a resident hiring workers in or around your home, please go directly to section 7.)***

Describe your business operations
List the major revenue-producing equipment that your business supplies <i>(please include the year, make, model, and serial number)</i>
List the major materials that your business supplies

**5. Previous registration/affiliated firms**

<b>List all affiliated firms currently or previously registered (e.g. firms with common ownership or under common control).</b>			
Has this business (or a principal of the business) ever been registered with WorkSafeBC (the WCB) under any name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name?	Previous WorkSafeBC account number
Does this business provide services or products to an affiliated company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Name of current affiliated business		WorkSafeBC account number	
Street address	City	Province	Postal code
2. Name of current affiliated business		WorkSafeBC account number	
Street address	City	Province	Postal code

Legal name of employer (please enter the same name that you listed at the top of page 1)

## 6. For trucking and courier industry only

<b>What type of trucking or courier service do you provide?</b> (e.g. gravel, log hauling, delivery service)	If trucking, do you drive into other provinces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year and make of your business vehicle registered in your name/your firm's name	
Do you own or lease your vehicle? <input type="checkbox"/> Own <input type="checkbox"/> Lease	If leasing, please enter the name of the firm leasing the vehicle to you

## 7. For residents who hire workers for services in or around their homes

<b>What type of service will you be receiving in your home?</b> <input type="checkbox"/> Nanny or other caregiver <input type="checkbox"/> Domestic worker, such as a maid <input type="checkbox"/> Construction or repair worker(s) or contractor <input type="checkbox"/> Gardener or landscaper <input type="checkbox"/> Other (please specify)	Will this individual(s) work for you for more than eight hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this individual(s) work on a specific project that will take 24 hours or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this individual(s) care for children in your home for 15 or more hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this individual with an agency that is registered with WorkSafeBC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 8. For contractors/subcontractors only

<b>If you are a contractor, list the businesses/individuals that you are, or will be, hiring on a contract basis. If you are a subcontractor or are self-employed, list the businesses/individuals that you are, or will be, working for.</b>			
1. Name of business or individual	<input type="checkbox"/> I am hiring this business/individual <input type="checkbox"/> I am being hired by this business/individual	Telephone number ( )	
Street address	City	Province	Postal code
2. Name of business or individual	<input type="checkbox"/> I am hiring this business/individual <input type="checkbox"/> I am being hired by this business/individual	Telephone number ( )	
Street address	City	Province	Postal code

## 9. For corporations and partnerships only

<b>Enter the contact details of partners or of shareholders who are active in your firm.</b>			
1. Name of shareholder or partner <small>First Middle Last</small>		Telephone number ( )	
Street address	City	Province	Postal code
Social insurance number	Shareholder's monthly earnings from company (for incorporations only) \$		
2. Name of shareholder or partner <small>First Middle Last</small>		Telephone number ( )	
Street address	City	Province	Postal code
Social insurance number	Shareholder's monthly earnings from company (for incorporations only) \$		

## 10. Certification

By submitting this form, I certify and declare the following: that I am authorized to make this application on behalf of the firm applying for coverage; I have read, or have had read to me, and I fully understand, the content, requirements, and declaration of this application; that the information provided in this application is true, complete, and accurate; and that I may be committing an offence and may be liable to prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information.

Information on this form is collected for the purposes of administering and enforcing the *Workers Compensation Act* and is collected under the authority of that Act and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Name (please print)	Title or relationship to firm	Telephone number ( )
Signature		Date <small>yy/mm/dd</small>

## WorkSafeBC use only

Date <small>yy/mm/dd</small>	Time	WorkSafeBC representative
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