

You can print this form and complete it by hand, or you can complete it digitally. To complete it digitally, you must use Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

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1. Firm and contact information

Legal name of firm		Trade name (if different from legal name)		WorkSafeBC account number	
Business mailing address			City	Province	Postal code
Business phone number	Email address				
Contact person's name	Role		Phone number		
Type of request <input type="checkbox"/> Refund <input type="checkbox"/> Transfer of funds					

2a. Refund information

If you are requesting a refund, your account must be up to date, which means all payroll has been submitted and received. We cannot process a refund if there is an estimated payroll on your account. Please log in to your online services account at online.worksafebc.com to update your payroll information if required.

Refund request amount
Reason for refund request (please provide a detailed explanation of how the credit amount was generated; this information is required for your refund to be considered)

2b. Transfer of funds

Transfer from

Account number	Legal name	Amount
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Transfer to

Account number	Legal name
Relationship between the two firms	

Detailed reason for transfer of funds

3. Certification and permissions

- ☐ I certify that the information I have provided is, to the best of my knowledge, accurate and complete
- ☐ I grant permission to WorkSafeBC to complete the refund or transfer of funds described above

WorkSafeBC is committed to protecting privacy and personal information as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service.

By checking "Yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission in writing at any time.

I grant permission to WorkSafeBC to send me emails that may contain personal information

☐ Yes ☐ No

Name (please print or type)		Title or relationship to firm	Phone number
Date (yyyy-mm-dd)	Signature (If completing digitally, click below and follow the prompts to add your Digital ID in Acrobat. Do not use Fill & Sign to add your signature in Acrobat.)		

How to submit this form

The easiest way to submit this form is digitally. Save the completed form to your computer, create an email to AssessReqClassRev@worksafebc.com, attach the form, then click **Send**.

If you've printed the form and completed and signed it by hand, you can scan it and email it, or you can mail it to PO Box 5350 Stn Terminal, Vancouver, BC, V6B 5L5.

Are you ready to submit this form?

☐ Yes, I have completed all the necessary fields and signed this form.

WorkSafeBC collects information on this form for the purpose indicated on the form and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email FIPP@worksafebc.com, or call 604.279.8171.