

# Application for Voluntary Spousal Coverage

To apply for Voluntary Spousal Coverage, please return this completed application by attaching it to an email to [insuranceapps@worksafebc.com](mailto:insuranceapps@worksafebc.com) or mailing it to the address at the end of this form. To complete this form digitally, use [Adobe Acrobat](#). If this is a new account, instead of completing this form, you can apply for Voluntary Spousal Coverage when [applying for coverage as a sole proprietorship](#) on worksafebc.com.

## Who is eligible for coverage?

If the spouse of a proprietor works in the proprietor's business as a paid employee, the spouse is eligible for Voluntary Spousal Coverage. Without this coverage, a spouse is not covered by any form of workers' compensation insurance. "Spouse" includes a common-law spouse.

Coverage is based on your spouse's actual earnings. If the application for Voluntary Spousal Coverage is accepted, coverage becomes effective from the date the application form is received, or a later date if requested. Coverage will remain in effect until it's cancelled, either by you or by WorkSafeBC.

## WorkSafeBC use only

WorkSafeBC account number

## A. Information about your business

Legal name of business (name of proprietorship)			Business or trade name (if applicable)		
Business mailing address			Email		
City	Province	Postal code	Business phone number		
<p>Voluntary Spousal Coverage can be set up at the same time as Personal Optional Protection for the proprietor or can be added to an existing account.</p> <p><input type="checkbox"/> I am adding coverage to an existing account. If adding coverage to an existing account, please specify account number</p>					
<p><input type="checkbox"/> This is a new account. (If this is a new account, also <a href="#">apply for coverage as a sole proprietorship</a> online or include a Registration Application [<a href="#">Form 1800</a>].)</p>					
<p>If this is a new account, what type of business(es) does your firm primarily operate? (e.g., restaurant, courier services, house framing)</p> <p>Business 1</p> <p>Business 2</p>			<p>What percentage of revenue does your firm generate from each type of business?</p> <p>Business 1</p> <p style="text-align: right;">%</p> <p>Business 2</p> <p style="text-align: right;">%</p>		

## B. Information about your spouse

Spouse's first name		Middle name		Last name	
Date of birth (yyyy-mm-dd)(required)		Daytime phone number		Home phone number	
Home address		City		Province	Postal code

Please describe your spouse's job duties

## C. Your spouse's earnings

If Voluntary Spousal Coverage is granted, the proprietor must include the gross earnings paid to the spouse with the wages, salaries, and shareholders' earnings when [reporting payroll](#). Wages paid to a spouse should reflect provincial laws with respect to minimum wage\* and are subject to the maximum assessable earnings per worker.

Estimate of your spouse's annual gross earnings \$	* Enter initials to confirm spousal earnings reflect minimum wage
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## D. Authorization

By submitting this form, I certify and declare that I am authorized to make this application on behalf of the firm applying for coverage; that I have read, or have had read to me, and 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.

Name of applicant or authorized representative (please print or type)	Signature of applicant or authorized representative (If completing digitally, click below and follow the prompts to add your Digital ID in Acrobat. Do not use Fill & Sign to sign.)	
If you are an authorized representative, what is your relationship to the applicant?		Date (yyyy-mm-dd)
If you would like this coverage to begin on a specific date, enter that date (yyyy-mm-dd)	If you would like to cancel your coverage on a specific date, enter that date (yyyy-mm-dd)	

## Summary of terms and conditions

### How do we define "spouse"?

A "spouse" is a person who is married to another person or who has lived with another person in a marriage-like relationship for at least two years (or one year, if they've had a child together).

The phrase "marriage-like relationship" is interpreted to mean a common-law relationship and describes situations in which two people are living together in a regular and established way, sharing conjugal relations and a common household.

For more information, refer to the [Assessment Manual](#), policy AP1-4-1(c).

### Processing the application for coverage

Applications can be submitted by email or mail using this form or, for a new account, online at [worksafebc.com](https://worksafebc.com). We will advise you by mail, and email if submitted online, whether your application has been accepted.

- If your application is rejected, you may reapply for coverage when the reasons for rejection have been addressed.
- If coverage is granted, it becomes effective on the date we receive your application, or a later date if specified in your application. The coverage will remain in effect until cancelled by you or WorkSafeBC.
- If coverage is granted, the spouse is subject to the same benefits and obligations as another worker under the *Workers Compensation Act*.

### Cancelling coverage

The proprietor may cancel Voluntary Spousal Coverage by phoning or writing to us.

WorkSafeBC may cancel Voluntary Spousal Coverage if:

- The proprietor fails to pay the assessment, and the payment is more than two months overdue.
- The proprietor fails to provide the required payroll information on which the assessment is based, necessitating an estimate of payroll under section 245 of the Act.
- Mail addressed to the proprietor is returned and an alternate address is not available.

**This application is part of our contract**

Once this application is accepted by WorkSafeBC, the terms and conditions form part of a legally binding contract. These terms and conditions incorporate [Assessment Manual](#) items AP1-4-1 and AP1-4-2 and the related practice directives. These can be found on [worksafebc.com](http://worksafebc.com).

We may periodically revise the *Assessment Manual* and related practice directives. Once published, those revisions are incorporated into the terms and conditions and apply to every continued Voluntary Spousal Coverage contract.

**E. Submission**

Are you ready to submit this form by attaching it to an email to [insuranceapps@worksafebc.com](mailto:insuranceapps@worksafebc.com) or mailing it to the Assessments Department?

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

**Assessments Department**

PO Box 5350 Stn Terminal Vancouver BC V6B 5L5

P 604.244.6181 | 1.888.922.2768

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. 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](mailto:FIPP@worksafebc.com), or call 604.279.8171.