



# Application for Optional Coverage

Please complete this form only if optional coverage is required and return to address below.

**NOTE:** Applicants who are granted personal optional coverage are subject to the provisions of the *Workers' Compensation Act*, including the provisions related to immunity from suit.

WCB Account Number

Last Name		First Name	
Company Name		Company Position	
Mailing Address			
Community Operating in NWT or Nunavut		Province/Territory	Postal Code
Phone Number	Fax Number	Email	
Description of Operation			

I am either (check (✓) one of the following):

- An Executive Officer of a corporation and am in a position to guide or control the policies and purposes of that corporation
- An employer
- Self-employed without workers

I HEREBY ACKNOWLEDGE that, in applying for Workers' Compensation, I have declared that I require my actual rate of remuneration to be \$  .00 per year and that by doing so, any compensation that may become payable to me will be calculated as though the above figure is my actual rate of remuneration even if my actual remuneration is, in fact, greater than that figure, **and I will provide acceptable proof of earnings.**

Optional coverage required: From  YY MM DD To  YY MM DD

Signature of Applicant Date Witness

**FOR WCB USE ONLY**

Amount of Coverage Effective Dates WCB Authorization

\$ \_\_\_\_\_

**WCB Offers A New Option For Reporting Workplace Injuries:** To provide employers with another means of reporting workplace injuries, the Claims Service Division of the WCB has introduced an e-mail address. To report in this manner, send your accident details or a message (along with a detailed Microsoft Word Document attached) to: [nwtclaimserv@wcb.nt.ca](mailto:nwtclaimserv@wcb.nt.ca)

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677  
or  
 Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax 1-866-979-8501