

#### **Assessment Services Department**

5595 Fenwick Street, Suite 109 PO Box 1150, Halifax, NS B3J 2Y2

Telephone: (902) 491-8324 Facsimile: (902) 491-8326 Toll free in Canada: 1-877-211-9267

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# **Employer Registration**

10/2005

For internal use only. WCB 15-DIGIT BUSINESS NUMBER

Please use this form to register for coverage. If you are unsure whether registration is required, please contact us.

## Section 1

- 1 A Canada Revenue Agency (CRA) 15-digit Business Number (BN) is required to register with us. If you do not have one, we will obtain one for your company. If you already have a CRA Business Number, please note it here.
- 2 Please provide the legal business name of this company according to the type of ownership (check the appropriate box at the left). If this company is registered with the CRA, please provide the legal business name exactly as it is registered with the CRA.
  - Proprietorship

Partnership

- Incorporation
- **3** Please provide the **operating business name** (trade name) of this company. If this company is registered with the Registry of Joint Stock Companies (RJSC), please provide the operating business name or trade name exactly as it is registered with the RJSC.
- 4 Please provide the mailing address where you want to receive your financial information, as well as the contact information for the person who should receive this information.

Street	
City	
Province	Postal code
Contact Person	
Phone Number	
Facsimile Number	

5 Please provide the mailing address where you want to receive claim information about your workers, as well as the contact information for the person who should receive this information (if different from Question 4).

Stre	et
City	
Pro	vince Postal code
Con	tact Person
Pho	ne Number
Face	simile Number
	ase provide the <b>physical (civic) location</b> of your business in a Scotia. same as financial address (Question 4)
	same as claim address (Question 5)
	other. Please specify below.
Stre	et
City	
Pro	vince Postal code

7 Clearly describe your major business activity(ies) in Nova Scotia. Specify up to three main products that you mine, manufacture, or sell, or services that you provide or contract. If this is a sales operation, specify whether it is wholesale or retail. If you are in the fishing industry, specify the name of the boat. Please estimate the percentage of revenue that each product or service represents. Attach extra pages, if necessary.

Major business activity

Product/service	%
Product/service	%
Product/service	%

## Section 2

#### Please read the information provided at the right before answering questions 8 and 9. Completion of this section is required to prevent a delay in processing your registration.

Workers' compensation coverage is required for employers who operate in mandatory industries **AND** who have three or more workers (three-worker rule). Most industries are mandatory industries. Please refer to the *Workers' Compensation Act* for a list of mandatory industries or contact the WCB directly.

8 If your company is incorporated (limited), give the number of workers employed in Nova Scotia, including officers and directors: \_\_\_\_\_\_

If your company is a sole proprietorship or partnership, give the number of workers employed in Nova Scotia, excluding sole proprietor and partners: \_\_\_\_\_\_

9 Provide the earliest date on which you had three workers employed at the same time in Nova Scotia: \_\_\_\_\_\_ The three-worker rule is used only to **determine whether coverage is required**. For this purpose, we count the following people as workers:

- permanent, casual, full-time and part-time workers;
- officers and directors of the company;
- (sub)contractors who work in mandatory industries, and their workers; and
- family members of proprietors, partners, officers and directors of the company.

This policy does not insure the following people/workers:

proprietors and partners;

14

15

Type: 🔲 T1

Type: Type: T1

RP#

**T**2

**T**2

**T2B** 

**T2B** 

**T**2S

**T2S** 

Annually

- officers and directors of the company who are not on the payroll (i.e., not receiving a T4 from the CRA); and
- family members living in the households of proprietors, partners, officers and directors of the company.

**Special Protection** coverage for proprietors, partners and family members is available. Send me an application.  $\Box$  Yes  $\Box$  No

**Voluntary** coverage for non-mandatory companies is available by completing this form.

## **Section 3**

<b>10</b> Workers in this	company are being/will be	e paid:	
(check the appr	opriate box)		
Daily	U Weekly		Bi-weekly

Semi-monthly	Monthly	
Other (specify)		

**11** The average monthly payroll for this company is:

12 I require more than one payroll account with the WCB for reporting purposes: Yes No

If yes, please indicate the purpose for the account:

- Subcontractors Executive payroll
- Other

If necessary, please attach a separate sheet indicating additional accounts required and their purpose.

**13** This company uses an external company to prepare the payroll.

🗋 Yes 🔄 No

If yes, please provide the name of the payroll service provider:

This company is a franchise. U Yes	l No		
If yes, please provide the name of the franchise:			
Are remittances being made to the CRA for th	is company?		
Yes No (Go to Question 16.)			
If yes, please <b>list the RP number</b> (the four r letters "RP" in the Business Number) for <b>all</b> p company has with the CRA, and <b>check the r</b> each account (see the box). Attach additional	ayroll accounts this emittance type for		
Types of Remitters:T1Threshold 1 (twice a month)T2Threshold 2 (weekly payroll)T2BThreshold 2 (biweekly payroll)T2SThreshold 2 (semimonthly payroll)MMonthlyQQuarterly			
RP#			
Type: 🗖 T1 📑 T2 📑 T2B 📑 T2S	🗋 М 🔲 Q		
<u>R</u> P#			

0

0

Ом

Ом

## Section 4

16	This company uses/will use (sub)contractors. 🔲 Yes 🔲 No
17	This company contracts services to: Principal Contact Phone Number
18	Some employers require WCB Clearance Letters to confirm that they are assessed and in good standing with us. Would you like to receive these letters automatically?
19	Some employers like to receive an Advice Notice outlining all benefits paid to their injured workers. Would you like to receive this monthly report?  Yes No
20	The name and address of this company's financial institution is:
	The account number is:
21	This company
	□ is a new business □ was an existing business
	If it was an existing business, did you
	<ul> <li>purchase the assets only</li> <li>purchase the business as a going concern (i.e., assets and shares)</li> </ul>
	If it was an existing business, did it have an account with us previously?
	If it was an existing business, under what name did it operate?
22	Have you ever registered a company with us in the past?
	🖵 Yes 🔲 No
	If yes, what was the name of that company?
23	In the column at the right, please provide contact information for the owners, officers (i.e., president, vice-president, treasurer), directors and partners of the company now being registered. Attach extra pages, if necessary.

Last Namo	
Last Name	
First Name	
Official Title	
Date of Birth	
Social Insurance Number	
Home Telephone	Facsimile
Home Address	
Province	Postal code
Cellular Phone	
Work Telephone	Facsimile
Email	
Last Name	
First Name	
Official Title	
Date of Birth	
Social Insurance Number	
Home Telephone	Facsimile
Home Address	
Province	Postal code
Cellular Phone	
Work Telephone	Facsimile
Email	
Last Name	
First Name	
Official Title	
Date of Birth	
Social Insurance Number	
Home Telephone	Facsimile
Home Address	
Province	Postal code
Cellular Phone	
Work Telephone	Facsimile
Email	racomine
Lindii	

24 Please list the equipment, building(s) and other assets to be used in the operations of this company. Include the license and serial numbers for all motor vehicles, as well as the colour, make and year of the vehicle. Please print. Attach extra pages, if necessary.

Description (e.g., colour, make, year)	License Number	Serial Number

## **Section 5**

- Section 141 of the Workers' Compensation Act provides that even if the (sub)contractor company has its own coverage, the employer and the (sub)contractor are jointly and severally liable for payment of the assessment premium for the contract. Always obtain an up-to-date Clearance Letter from the (sub)contractor before releasing a holdback.
- Section 142 of the Workers' Compensation Act provides that any (sub)contractor operating in a mandatory industry which does not have its
  own coverage is considered a 'worker' of the employer (the principal). In this case, the principal must provide coverage for the (sub)contractor,
  and cannot deduct or withhold assessment premiums from the (sub)contractor.
- Section 129 of the Workers' Compensation Act requires every employer to keep an accurate and up-to-date record of workers hired and wages paid.
- The Workers' Compensation Board of Nova Scotia is subject to, and complies with, the provisions of the Freedom of Information and Protection of Privacy Act.

I, \_\_\_\_\_\_\_, am an authorized representative of this company. As such, I certify that the information given on this form, and any additional pages attached to it, is correct and complete to the best of my knowledge.

Signature of the authorized representative (i.e., owner, officer, director, partner)

Position or office of the representative

Date