

Partners in Injury Reduction - Employer Registration Form

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|-------------------|-----------|---------------------------|--|
| Employer Name: | | Trade Name: | |
| Employer Address: | | | |
| City: | Province: | Postal Code: | |
| Contact Name: | | Title within the Company: | |
| Address: | | | |
| Phone: | Fax: | E-mail: | |

Please note that a Certifying Partner must be identified or your PIR registration cannot be processed.

Please identify below the account number, corresponding industry code and Certifying Partner (Refer to page 3 of this booklet) of all the accounts you would like to register within the PIR program. In addition, if the progress reports are to be sent to another contact, please indicate their name, phone number, mailing address and fax number below.

| | | |
|---|-------------------------------------|-----------------------------------|
| Account Number | Industry Code | Certifying Partner |
| Contact (If Different From Above) | Phone No. (If Different From Above) | Fax No. (If Different From Above) |
| Mailing Address (If Different From Above) | | |

| | | |
|---|-------------------------------------|-----------------------------------|
| Account Number | Industry Code | Certifying Partner |
| Contact (If Different From Above) | Phone No. (If Different From Above) | Fax No. (If Different From Above) |
| Mailing Address (If Different From Above) | | |

If you require additional space please attach the remainder of the list to this document.

If registering more than one account or industry, how would you like them to be measured in the PIR program?

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|---------------------------------------|--|
| <input type="checkbox"/> Individually | <input type="checkbox"/> Together (Insurable earnings and claim costs are pooled. A PIR discount is based on the performance of all accounts or industries collectively) |
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How often would you like to receive PIR progress reports?

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|---|--|---|
| <input type="checkbox"/> Monthly (E-mail) | <input type="checkbox"/> Quarterly (Fax) | <input type="checkbox"/> Semi-Annually (Mail) |
|---|--|---|

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| Yes, as an authorized representative of my Company, I have read the Terms and Conditions of Participation and identified the accounts and industries I would like to register in the Partners in Injury Reduction program. | |
| Name (Print): | Title: |
| Signature: | Date: |

This form must be received by WCB's Underwriting Department before December 31 to be eligible for the PIR program for that year.
Please submit by fax (780) 498-7874, Email pdrm_wcb_pir@wcb.ab.ca or mail to Workers' Compensation Board-Alberta, Underwriting Department, P.O. Box 2415, Edmonton, AB T5J 2S5

It is up to the employer to be aware of terms and conditions that apply to the year of registration.

TERMS & CONDITIONS OF PARTICIPATION

The following are terms and conditions for participation in the Partners In Injury Reduction Program as of 2005.

1. Employers may register in PIR prior to achieve a Certificate of Recognition (COR) by submitting their registration by December 31 of a year to be eligible beginning that year. New COR holders will be automatically registered and eligible for PIR refunds effective the year they achieve their COR.
2. Registration in PIR is automatically renewed annually, unless the employer is notified by the WCB.
3. Employers shall have the option to withdraw subject to the following conditions:
 - (a) Notice of intent to withdraw may be provided at any time:
 - If participating on an individual basis the registration will be rescinded immediately.
 - If participating on a collective or group basis the withdrawal shall be effective at the end of the registration year unless all participating accounts withdraw.
 - (b) Withdrawal will be confirmed in writing.
4. The COR must be achieved and maintained in accordance with the standards set by AHR&E to receive discounts. Employers who cease business before the end of the year must have completed the applicable audit for that year, prior to ceasing business, to be eligible for a PIR refund.
5. Measurement is based on total claim costs with individual claims subject to a maximum per claim cost (MPCC). The MPCC is 10% of the employer's industry rated premium for the PIR experience period, up to the maximum annual insurable earnings covered by the WCB. Where the MPCC is calculated as less than \$1,500, the MPCC shall be \$1,500.
6. Measurement for Improving Your Performance uses costs transacted in the measurement year compared to costs transacted in the prior year. (For example costs transacted in the measurement year, on claims from this year and two prior years, are compared to costs transacted in the previous year, on claims from that year and two prior years.)
7. Measurement for Maintaining Industry Leadership compares the measurement year's experience period costs to the industry's rate group average costs for this year. It also compares the previous year's experience period costs to the industry's rate group average costs for this year. If measurements are 50% or lower than the industry's rate group average in both years the employer is eligible for a discount. For this measurement the experience period includes the year plus two prior years.
8. Employers may qualify for an industry rate discount under one of the following three measures:
 - (a) A minimum industry rate discount of 5% with possession of a valid COR (with exception of first time COR holders PIR incentive which is 10% in the first year).
 - (b) An industry rate discount of up to 20%** for the "Improving Your Performance" measure. (With this measure employers in the process of achieving COR for the first time have a one year grace period to achieve their COR, otherwise the discount is forfeited. Employers must be registered in PIR in the year the discount is earned to be eligible for the grace period.)
 - (c) An industry rate discount of up to 20%** for "Maintaining Industry Leadership" for two consecutive years. This incentive does not have a grace period.

*Based on the measure that provides the highest refund.
**The PIR discounts for "Improving Your Performance" and "Maintaining Industry Leadership" are subject to an eligibility factor, based on the length of time the employer account was open during the PIR period.
9. Net premium paid must be at least 40% of the Industry Base Premium or \$100 whichever is greater.
10. Discounts will be paid in the year following qualification for the PIR discount*, pending confirmation of the employer's insurable earnings and compliance with WCB requirements.

*Discounts will be paid to the first time COR holders in the year a COR is achieved. The discount will be adjusted in the following year for payroll reporting and for incentives earned under other measures which exceed the amount paid in the first year.
11. Calculations are done on a one-time basis and are not subject to recalculation unless:
 - (a) The employer's operations have been retroactively reclassified.
 - (b) The employer's account structure is retroactively changed.
 - (c) Where otherwise deemed warranted by the Workers' Compensation Board-Alberta.
12. Employers may be subject to a Claims Audit and non-compliance may result in discounts being withheld or repayment of previously paid refunds.
13. Employers must comply with all provisions of the Alberta Workers' Compensation Act.
14. Employers must comply with all provisions of the Alberta Occupational Health & Safety Act and the Canada Labour Code, where applicable.
15. In the event of a violation of the Alberta Occupational Health & Safety Act, the Alberta Workers' Compensation Act or the Canada Labour Code, the WCB reserves the right to terminate an employer's participation in PIR, and collect previously paid refunds.
16. Employers with multiple accounts and/or industries may choose individual or group participation for their operations. In any event an employer must designate each account and each industry that is to be registered in PIR.

For more information on PIR Registration call (780) 498-7936

As a courtesy, send a copy of your registration to your Certifying Partner.