WORKSAFE TRAVAIL SÉCURITAIRE NB

2024

Assessment Services
1 Portland Street, P.O. Box 160
Saint John, N.B. E2L 3X9
Toll-free 1 800 999-9775
Fax 506 632-2819
Web worksafenb.ca

Services des cotisations
1, rue Portland, case postale 160
Saint John (N.-B.) E2L 3X9
Sans frais 1 800 999-9775
Télécopieur 506 632-2819
Web travailsecuritairenb.ca

Personal Coverage Application

Proprietors, partners and spouses of non-incorporated businesses and non-salaried officers of limited or incorporated companies are not automatically covered for compensation purposes under the *Workers' Compensation Act* of New Brunswick. To obtain coverage for these individuals, optional personal coverage must be purchased from WorkSafeNB. Please read the Terms and Conditions of Optional Personal Coverage before completing the application**. Incorrect or incomplete applications will be returned, and coverage will not be in effect. The employer must meet the requirements for mandatory or voluntary coverage before personal coverage will be granted.**

Terms & Conditions of Optional Personal Coverage

1. Personal coverage is effective from the date the application is approved by WorkSafeNB or from the starting coverage date requested in the application, whichever is the latest. The required coverage date must be for only one continuous period in a given calendar year.

2. Once obtained, your personal coverage will be automatically renewed into the next calendar year. In early January, you will be able to modify, add or cancel personal coverage by completing and returning the form which you will receive by mail.

3. The minimum coverage amount is $12,000 per year. The maximum coverage amount is $76,900 per year. **To determine loss of earnings, WorkSafeNB uses the lesser of personal coverage purchased or actual earnings.**

(To add names, please attach a list)

Employer Number:________________ **Operation Number/Name:** ________________

Name of Employer: ________________

Mailing Address: ________________

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Telephone Number:________________ **Fax Number:**________________

Name of Applicant:________________ **Relation to Employer:**________________

Social Insurance Number: ________________

Amount of Coverage: $________________ Minimum $12,000, and the maximum coverage amount is $76,900 per year.
To determine loss of earnings, WorkSafeNB uses the lesser of personal coverage purchased or actual earnings.

Required coverage date: From: ________________ **To:** ________________
year/month/day **year/month/day**

Name of Applicant: ________________ **Relation to Employer:**________________

Social Insurance Number: ________________

Amount of Coverage: $________________ Minimum $12,000, and the maximum coverage amount is $76,900 per year.
To determine loss of earnings, WorkSafeNB uses the lesser of personal coverage purchased or actual earnings.

Required coverage date: From: ________________ **To:** ________________
year/month/day **year/month/day**

Signature:________________ **Date:** ________________