



2010

Assessment Services Department
1 Portland Street, PO Box 160
Saint John, NB E2L 3X9
Phone 506 632-2820
Toll-free 1 800 222-9775
Fax 506 632-2819
Web www.worksafenb.ca

Services des cotisations
1, rue Portland, case postale 160
Saint John, NB E2L 3X9
Téléphone 506 632-2820
Sans frais 1 800 222-9775
Télécopieur 506 632-2819
Web www.travailsecuritairenb.ca

Optional 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. In Order 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. Coverage automatically expires on December 31st of each year or the last coverage date requested by the applicant, whichever is earliest. To ensure continuous coverage, completion of this form or a written application is required and must be received by WorkSafeNB on or before December 31, of the current year for coverage to be continued.
3. The minimum coverage amount is \$12,000 per year. The maximum coverage amount is \$56,300 per year. To determine loss of earnings, WorkSafeNB uses the lesser of: personal coverage purchased or actual earnings.
4. Once coverage is obtained, it cannot be cancelled during the calendar year. Cancellation of personal coverage will only be considered when: an employer ceases to operate the business or the status of the individual covered under Personal Coverage changes to that of a worker in which case it would be terminated effective the date of the change in status. (reference WCA 4(2) 4(3))

Employer Number: \_\_\_\_\_ Operation Number/Name: \_\_\_\_\_
Name of Employer: \_\_\_\_\_
Mailing Address \_\_\_\_\_
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
Type of Work: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_
Social Insurance #: \_\_\_\_\_
Amount of Coverage: \$ \_\_\_\_\_ Minimum \$12,000, and the maximum coverage amount is \$56,300 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: \_\_\_\_\_
Social Insurance #: \_\_\_\_\_
Amount of Coverage: \$ \_\_\_\_\_ Minimum \$12,000, and the maximum coverage amount is \$56,300 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

(If more names to be added, please attach a list)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_