

**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. 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 31 of each year, or the last coverage date requested by the applicant, whichever is earliest. To ensure continuous coverage this completed 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 \$63 600 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: \_\_\_\_\_ Relation to Employer: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Amount of Coverage: \$ \_\_\_\_\_ Minimum \$12,000, and the maximum coverage amount is \$63 600 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 \$63 600 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

*(To add names, please attach a list)*

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