

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. 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 \$67,100 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: _____

 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 \$67,100 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 \$67,100 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: _____