WSCC Workers' Safety & Compensation Commission | ᐃᖃᓇᐃᔭᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᕐᓗᒃᑯᒪᓂᒃ ᖃᐅᔨᓴᖅᑏᑦ

Personal Optional Coverage Application

Please complete this form only if you require personal optional coverage.
Return it to the address below.
NOTE: Applicants granted personal optional coverage are entitled to the protection of the *Workers' Compensation Acts* and all their benefits, including the provisions related to immunity from suit.

Employer Number

Last Name	First Name
Company Name	Company Position

Mailing Address	City/Town	Province/Territory	Postal Code

Phone Number Ext	Fax Number	Cell Number

Email	NT and/or NU Communities Currently Operating In

Description of Operation

I am either (check (✓) one of the following):

- ❑ An Executive Officer of a corporation and am in a position to guide or control the policies and purposes of that corporation
- ❑ An employer
- ❑ Self-employed without workers

My rate of compensation for my personal optional coverage applications is $__________.00.

I ACKNOWLEDGE this is the amount the WSCC will use as my actual rate of compensation.

I will provide acceptable proof of earnings.

Optional coverage required:

From MM DD YY To MM DD YY

Signature of Applicant

Date MM DD YY

FOR WSCC USE ONLY

Amount of Coverage	Effective Dates	WSCC Authorization
$		

WSCC Offers A New Option For Reporting Workplace Injuries: To provide employers with another means of reporting workplace injuries, Claims Services has direct email addresses. To report in this manner, send your incident details, or a message (along with a detailed Microsoft Word Document attached) to: **nwtclaimserv@wscc.nt.ca** in the Northwest Territories, or **nuclaimserv@wscc.nu.ca** in Nunavut.