



WORKERS' COMPENSATION: **2019**
Eliminate injuries – Restore abilities

COMP INSTITUTE
MARCH 25-26, 2019 | SASKATOON SK

How to Make Your WCB Employer Account Work for You

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Agenda

- Introduction
- Employer Basics
- Contractors
- How Claims Impact Your Rate

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Introduction

Who needs to register?



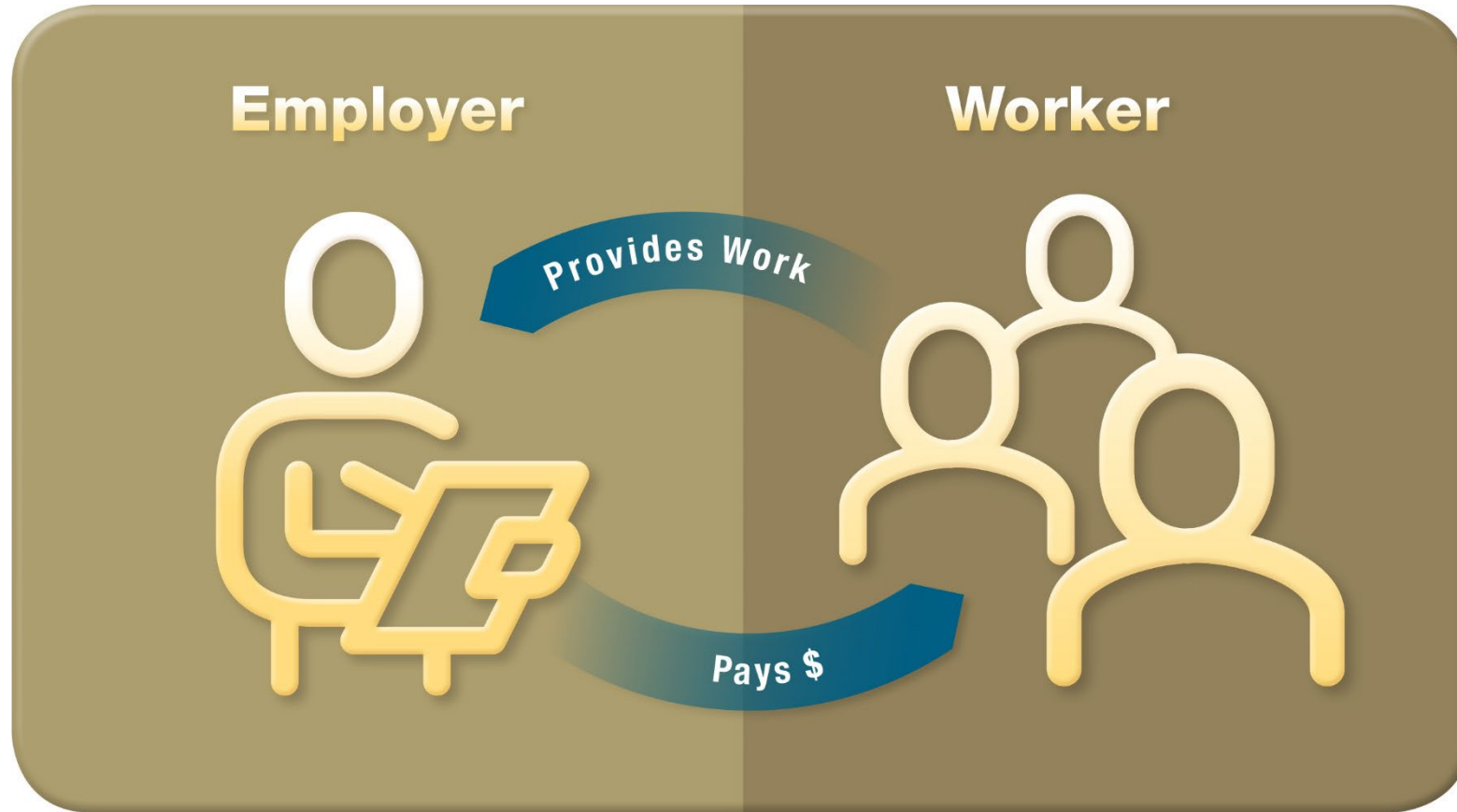
Businesses or people that hire full-time, part-time, casual, or contract workers are required to register within 30 days of hiring a worker



Out of province or out of country businesses that work in Saskatchewan and meet the registration requirements

Employer - Worker Relationship

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I'm registered – now what?

Employer Basics


What are my responsibilities as an employer?

- Report your annual payroll and contractor wages by February 28
- Obtain Clearances Letters
- Pay your annual premiums on time
- Report injuries to the WCB within five days of being advised
- Provide a safe workplace

Employer Payroll Statement (EPS)

- Mailed to all employers annually in January
- Return by **February 28**
 - ✓ Fast File, Online Services, Fax, Email or Mail
- What must I report?
 - ✓ Actual gross payroll earnings for the previous calendar year
 - ✓ Estimate for gross payroll earnings for the current year
 - ✓ All contractors hired in the previous calendar year
 - ✓ Confirm Optional Personal Coverage, if applicable

EMPLOYER'S PAYROLL STATEMENT (EPS)
2018-2019



wcb | Saskatchewan
Workers'
Compensation
Board

200 - 1881 Scarth Street
Regina, SK S4P 4L1
Tel: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4205
Toll-free fax: 1.877.220.1671
Email: employerservices@wcbask.com
www.wcbask.com

Firm Number: _____
Access Code: _____

Submit this information online at www.wcbask.com by **February 28, 2019** or you will be charged a penalty. **Only include information for work done in Saskatchewan.**

Section 1: Mailing Address and Business Information					
If your name/address listed above has changed please update:					
Have you closed your business or stopped operations in Saskatchewan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, when?: <small>MM/DD/YYYY</small>					
Have you sold your business? Provide details. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Section 2a: Workers' Information - Reminder: Include directors who receive a T4 in Actual and Estimated Wages					
Gross Earnings before deductions (up to the maximum per worker per calendar year)		2018 maximum -\$82,627 (per worker per calendar year)		2019 maximum -\$88,314 (per worker per calendar year)	
Industry Code	Description	Rate	Actual Wages	Rate	Estimated Wages
R1108	Gravel work	1.54		1.20	-----
Section 2b: Director Information - Reminder: Directors who receive a T4 should be included in the wage estimate in Workers' Information and please list their names below. If no directors are carried on payroll, no names are required.					
Section 3: Personal Coverage					
		2019 minimum \$23,005		2019 maximum \$88,314	
Industry Code	Name(s)	2018 Coverage Amount	Continue Coverage for 2019?	2019 Coverage Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 4: Contractor Services					
In 2018, did you pay a person or business to perform work or services on a contract basis? If yes, complete the attached form.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be hiring contractors in 2019?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2019 estimated labour amount for non-registered contractors (if desired):					

Reporting Your Payroll Online


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 Employers

 Injury

 Payroll

 Form History

 Clearance

 Update Account

 Reports

Payroll

 Employer Payroll Statement

Report actual wages for the previous year and estimate wages for the upcoming year to assess premiums.

[Revise Payroll Estimate](#)

Revise payroll estimate at any time throughout the year.

[Pay Employer Premiums](#)

Pay premiums by credit card.

Fast File EPS

I'm an



Employer

I want to:

- [Request a Clearance](#)
- [Submit Employer Payroll Statement](#)
- [View injury cost information](#)
- [Report an injury](#)

Employer Payroll Statement

An Employer Payroll Statement (EPS) is used to report your business's actual wages for the previous year and to provide an estimate for the upcoming year so that the WCB can assess your premiums for work injury coverage. The EPS must be received in our office by February 28 of each year. Every employer who has an existing employer account with our office is required to complete and submit the form.

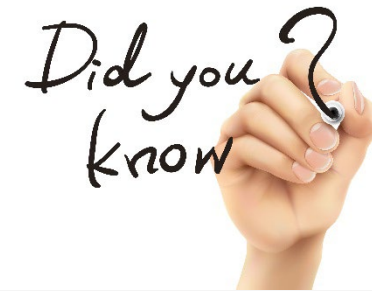
The annual EPS can be sent in online. There are two ways to file your EPS online. They are:

1. [Fast File EPS](#) - This service allows you to send your EPS online without any special registration. Anyone who has the access code and firm number found on the form we sent to you can send the EPS using Fast File. [Fast File your EPS now or learn more.](#)
2. [Online Account](#) - Employers who have set up an online account can send their EPS through this account. [Log in now.](#)

Did you know? By using your WCB Online Account you are able to make updates to your account. If you don't have a WCB Online Account but are interested in setting one up, [register today.](#)

Why Report Payroll Online?

- Quick and easy
- No paper required
- Preview before you submit
- Instant confirmation of receipt
- File from anywhere
- Improved accuracy



If you fail to press the “submit” button to file your EPS, you will be notified by email within 10 days.

Revising Your Payroll


- Premiums are charged based on the current year estimate as reported on your EPS.
- If the estimate varies more than 50 per cent from what the actual wages will be, you will be assessed a penalty.
- To avoid a penalty, you can revise your payroll after your EPS is processed.
- Revisions can be made up to December 31.


Revise Payroll Estimate

 Employers

 Injury

 Payroll

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Payroll

Employer Payroll Statement

Report actual wages for the previous year and estimate wages for the upcoming year to assess premiums.

Revise Payroll Estimate

Revise payroll estimate at any time throughout the year.

Pay Employer Premiums

Pay premiums by credit card.



Make sure you revise your estimate prior to December 31 to avoid an underestimate penalty.

Employer Payroll Statement – Things to Remember

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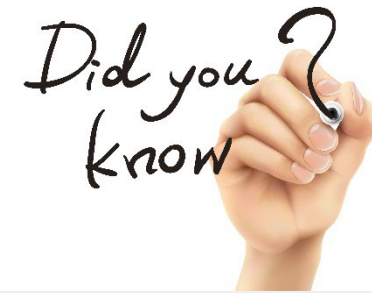
- A **late filing penalty** will be charged for Employer Payroll Statements received after February 28
- If your actual payroll is 50 per cent or more than the estimate reported, an **underestimate penalty** will be applied.
 - ✓ The payroll estimate can be updated at anytime during the year prior to December 31
- Failure to submit your EPS will result in:
 - ✓ an arbitrary assessment
 - ✓ ineligibility for the Experience Rating Program discount
- Make your payment on time

Paying Premiums

- You can pay your premiums online with your Visa, MasterCard, American Express, Visa Debit or MasterCard Debit.
- Online payment will post to your account on the next business day.
- Online payments can be made without a WCB Online Account.

Contractors

Did you
know?



*Contract situations
are present in all
industries.*

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Principal vs Contractor

A photograph of three men in professional attire and yellow hard hats. The man in the center is smiling and looking towards the right. The man on the right is gesturing with his hand while speaking. The man on the left is partially visible, looking towards the center. They appear to be in a construction or industrial setting.

Principal:

A person or business that hires a contractor to perform work or services

Contractor:

A person or business that is hired under contract by another person or business to perform work or services; also referred to as a subcontractor

Do I need to report contractors to the WCB?

You are an employer if you hire and/or pay any contractor and you must:

- ✓ **Report all contractors** to the WCB whether they are registered with the WCB or not.
- ✓ **Request a Clearance** on all contractors prior to paying them.
- ✓ Where the contractor is deemed to be your worker, **pay premiums on the labour portion of the contract amount.**



Clearances for contract labour

LETTER OF GOOD STANDING

- Confirms to the principal if the person or business they are going to be hiring has a WCB account and if they are in good standing the WCB
- The status of this letter is only valid for the day it was issued

CLEARANCE LETTER

- Confirms to the principal that the person or business hired is registered and in good standing with the WCB
- Provides the principal with liability protection
- Must be requested before any payment is made to the contractor

Clearance Results

Does the contractor have a WCB account?

Yes

No

Is the account in good standing?

Yes

No

CLEARED.

Release payment to the contractor.

HOLD.

Do not pay the contractor until the WCB gives an updated status.

Cleared.

Contractor has brought their account into good standing.
Release payment to the contractor.

Demand.

Pay the sum requested from the amount you owe the contractor to the WCB.

DEEMED.

Release payment to the contractor.
You will be assessed the premiums for the labour amount.

How do I request a Clearance?

- Online at www.wcbsask.com
- Employer Services Email: employerservices@wcbsask.com
- Employer Services: 1.800.667.7590
- Fax: 1.877.220.1671
- Automatic Clearance Verification (ACV)
 - ✓ Provides automatic email notification of any contractor status changes

Request a Clearance Online

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Clearance

Letter of Good Standing

This letter will tell the principal if the contractor has an account with the WCB and if all premiums are paid. It can be requested before any work begins.

Request Clearance

This letter tells the principal that they can make a payment to a contractor for completed work.

Clearance History

Search through any clearances submitted by your firm.

Automatic Clearance Verification

A self-managed list of contractors that automatically emails you a notification when the premium status on contractor's account changes.

Request a Clearance Online

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Letter of Good Standing

Letter of Good Standing

Please note this will produce Letter of Good Standing only. It does not produce clearance, bid, progress, or other letter requests.

Who is requesting this Letter of Good Standing?

I am hiring other companies and need a Letter of Good Standing for **their** accounts.

Principal

I am being contracted to do work and need a Letter of Good Standing for **my** account.

Subcontractor

Note: After requesting the Letter of Good Standing there will be an opportunity to download a printable copy. This copy can be saved and emailed.



You can also view Clearances previously requested for your contractors by clicking on **Clearance History.**

Request Clearance

Request Clearance

Please note this will produce Clearances only. The amount payable to the contractor is required. A Letter of Good Standing may be requested if there is no amount currently payable to the contractor.

Who is entering the information for this Clearance?

I need to pay for services provided by other companies and need a clearance on **their** accounts.

Principal

I have performed work/services and need a clearance on **my** account.

Subcontractor

Note: After requesting the clearance there will be an opportunity to download a printable copy. This copy can be saved and emailed.

Automatic Clearance Verification (ACV) – The Benefits

- Organize the lists by project or division and edit any time
- Faster response
- Less paper – you receive an email notification rather than a letter and can download results as a PDF
- Beneficial for firms who award contracts on an annual basis
- Must enter a dollar value for the contract – update by end of year with total paid in the calendar year

Automatic Clearance Verification

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+ Show Instructions

- Manage Existing ACV Lists

You can view the status and details of contractors on your lists or edit your existing ACV lists with regards to contract details or associated email addresses.

List Name	Email	Actions
Primary List	me@mine.ca	View Edit Delete List
Project Wilson	me@yours.ca	View Edit Delete List

+ Create an ACV List

ACV List Contact Information

List Name: Primary List
Primary Email: me@mine.ca
Secondary Email:

Edit

+ Display Clearance Status Legend

- ACV List Contract Details

The results of your Automated Clearance Verification (ACV) on 2019-Mar-11 14:48:58 are as follows:

Note: You can sort your ACV lists details by clicking on any of the double arrows in each of the column headings.

Contract Year: 2019

Firm Number	Firm Name	Address	Clearance Status	Last Status Change Date	Total Contract Amount (taxes incl.)	GST	PST	Description
204660312	Test		New	2019-Mar-01 21:47:17	\$1,500.00	\$0.00	\$0.00	Testing

Edit Contract Details Download ACV Results as PDF

Return to Manage ACV Lists

200 - 1881 Scarth Street Regina, SK S4P 4L1
Phone: (306) 787-4370, Fax: (306) 787-4205
Toll Free Phone: 1-800-667-7590
Toll Free Fax: 1-877-220-1671

Automatic Clearance Verification

Firm Number:
Business Name:

ACV List Name: Primary List
Primary Email Address: me@mine.ca
Secondary Email Address:

Clearance Status	Description
Cleared	For those accounts with a status of cleared please accept this as clearance for work completed as indicated below. Payment can be made to the subcontractor/contractor.
Hold	As of the current date the subcontractor/contractor is not in good standing with the Saskatchewan Workers' Compensation Board. You should consider holding back payment to offset any liability you may have. Details of your liability are available by calling Employer Services at 1.800.667.7590 or emailing employerservices@wcbask.com.
Deemed	The subcontractor/contractor is not registered as an employer with the Saskatchewan Workers' Compensation Board and is deemed to be a worker of your firm. You will be assessed WCB premiums on the labour portion of this contract.
Pending	As of the current date the account is in a "Pending" status and needs to be reviewed by the Saskatchewan Workers' Compensation Board. Payment should not be made to the subcontractor/contractor. If you require additional information regarding this request, please contact Employer Services at 1.800.667.7590 or email employerservices@wcbask.com.
New	As of the current date, the subcontractor/contractor is new to your ACV list. Please login and review the status of this subcontractor/contractor on the next business day prior to making any payments.

Printed March 11, 2019
The results of your Automated Clearance Verification (ACV) on **March 11, 2019 as of 8:00** are as follows:
Contract Year: 2019

Firm Number	Business Name	Address	Clearance Status	Last Status Change Date	Total Contract Amount (taxes incl.)	GST	PST	Description of Work Performed
204660312	Test		New	2019-Mar-01	\$ 1,500.00	\$ 0.00	\$ 0.00	Testing



How Claims Impact Your Rate

Reporting an injury

- Did you know that it is the law to report a workplace injury within five days of being advised of the injury?
- Submit your Employer's Initial Report of Injury Form (E1) online, by phone, mail or fax
- The E1 form can be found on www.wcbsask.com under Employer Forms and Fact Sheets

wcb | Saskatchewan Workers' Compensation Board
200 - 1881 Scarth Street Regina SK S4P 4L1 www.wcbsask.com
Phone: 306.787.4370 Toll free: 1.800.667.7590 Fax: 306.787.4311 Toll free fax: 1.888.844.7773

E1

Employer's Initial Report of Injury WCB claim number: _____
Reporting options: 1) Phone: 1.800.787.9288 2) www.wcbsask.com 3) Fax

Section A: Employer Information

WE HAUL IT 1881 SCARTH ST REGINA SK S4P 4L1	Type of business: Trucking Phone: (306) 555-1211 Fax: _____ Contact person: Chris Jones Email: me@mine.ca WCB firm number: 1117 Industry rate code: R1101
---	--

Section B: Worker Information

JOE SMITH 123 MAIN ST REGINA SK S4S 0S0 Phone(s): (306) 111-1213 / _____	Specific division (if applicable): _____ Occupation: Truck Driver Social Insurance Number: _____ Provincial Health Number: _____ Date of birth: March 10, 1975 Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Hire date: October 13, 2015
---	---

Section C: Injury Information

1. Injury date: February 25, 2019 Fatality? Yes No
2. Reported to employer on: March 01, 2019 3. Province of injury: SK
4. Area of body injured: 42000 - Left ankle
5. Name of health care provider: _____
6. How did the injury happen? Stepped out of truck and slipped on ice
7. Has the worker lost time from work, due to the injury, after the day of injury? Yes ... go to question 8 No ... go to Section E
8. First day off and time worker left work due to this injury: Date: March 1, 2019 Time: 12:00 a.m. a.m. p.m.
9. Has the worker returned to work? Yes No If "yes," what was the date the worker returned? March 7, 2019
10. Do you have any reason to believe that this is not a work-related incident? Yes No

Section D: Wage and Employment Information

11. How is the worker paid? If regular salary: Hourly \$ _____ per hour, _____ hours per week; If monthly \$ _____
If non-regular: Piecework Contractor Owner/operator Casual Other (explain) _____
12. Provide gross earnings for the 12 months preceding first day off due to the work injury: \$90,000
If less than 12 months, provide gross earnings and time period: \$ _____ from _____ to _____
13. Time lost during the gross earnings period due to: (a) Unpaid sickness: 0 days; (b) Prior WCB claims: 0 days; (c) Lack of work: 0 days

Completing the E1 Online

Online Services > Employers > Injury

Report a Workplace Injury

Injury

Report a Workplace Injury

A report submitted by employers when a worker suffers a work-related injury requiring medical attention.

1 Employer 2 Worker 3 Injury 4 Wage and Employment 5 Declaration

Employer

Name: *	<input type="text"/>	Type of Business:	<input type="text"/>
Select Address:	<input type="text"/>	Phone Number: *	<input type="text"/>
Address: *	<input type="text"/>	Contact Person First Name: *	<input type="text" value="me"/>
City: *	<input type="text" value="Winnipeg"/>	Contact Person Last Name: *	<input type="text" value="me"/>
Province: *	<input type="text" value="Manitoba"/>	E-mail: *	<input type="text" value="me@mine.ca"/>
Postal Code: *	<input type="text" value="R3C3A5"/>	Fax Number:	<input type="text" value="example: 306.555.1234"/>
Country: *	<input type="text" value="Canada"/>	WCB Firm Number:	<input type="text" value="1117823"/>
		Industry Rate Code:	<input type="text"/>

Save and Finish Later Next

1 Employer 2 Worker 3 Injury 4 Wage and Employment 5 Declaration

Worker

WCB Claim Number:	<input type="text" value="example 12345678"/>	Specific Division (if applicable):	<input type="text"/>
First Name: *	<input type="text" value="Joe"/>	Occupation: *	<input type="text" value="Truck Driver"/>
Middle Name:	<input type="text"/>	Social Insurance Number: *	<input type="text"/>
Last Name: *	<input type="text" value="Smith"/>	Provincial Health Number:	<input type="text" value="example: 123456789"/>
Address: *	<input type="text" value="123 Main St"/>	Out-of-province Provincial Health Number:	<input type="text" value="Yes No"/>
City: *	<input type="text" value="Regina"/>	Date of Birth: *	<input type="text" value="1975 Mar 10"/>
Province: *	<input type="text" value="Saskatchewan"/>	Gender: *	<input checked="" type="radio"/> Male <input type="radio"/> Female
Postal Code: *	<input type="text" value="S4S0S0"/>	Hire Date: *	<input type="text" value="2016 Oct 13"/>
Country: *	<input type="text" value="Canada"/>		

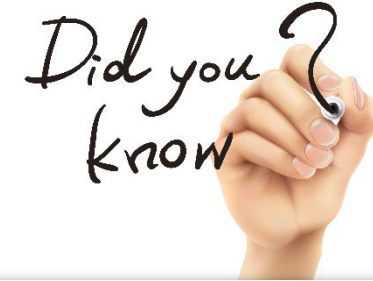
* Please note that at least one of the following phone numbers is required. It is optional to fill in the other field.

Home Phone Number:	<input type="text" value="303.555.1211"/>
Cell Phone Number:	<input type="text" value="example: 306.555.1234"/>

Back Save and Finish Later Next

Industry Rate – What is it?

- Your industry rate is set annually by the WCB.
- The rate is based on the *collective experience* of your industry.
- There are 50 individual industry classifications.
- All new employers with no “experience” will pay the industry rate.



Preliminary industry rates are announced by the WCB in October.

The rates are approved by the Board in November.

Employers are sent their Rate Advice Letters in early December.

- ✓ Online account users will have Rate Advice Letters immediately

Firm Rate – What is it?

- The net premium rate shown on your Experience Rate Letter
- The actual rate you pay (per \$100 of assessable payroll or contract labour)
- This rate will either be equal to, less than, or more than the industry rate

The Experience Rating Program

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- Most employers will qualify once they have **three years of experience.**

Receive
a discount for
positive claims
experience



Pay
a surcharge for
poor claims
experience

- Your firm rate will be equal to the industry rate when you do not qualify for the program.



- ✓ **Your annual rate is calculated in the prior year** e.g. 2019 rate was calculated in 2018.
- ✓ The calculation year is not used in the calculation of your rate.
- ✓ We use the data on your **Employer Experience Summary Report** to calculate your rate.

The Experience Rating Program

Standard Program

Premiums < **\$21,000** in **three** years

- Frequency based – number of Time Loss claims
- Maximum discount = **25%**
- Maximum surcharge = **75%**

# of Time Loss Claims	Discount	Surcharge
0	-25%	
1 or 2	No Discount or Surcharge	
3		+25%
4		+50%
5 or more		+75%

What does your Rate Advice Letter tell you?

wcb | Saskatchewan
Workers'
Compensation
Board

200 - 1881 Scarth Street, Regina, SK S4P 4L1
Phone: (306) 787-4370 Toll Free: 1-800-667-7590
Fax: (306) 787-4205 Toll Free: 1-877-220-1671

March 2019

ABC Roofing
Regina, SK,

2019 Experience Rate

Firm Number: 1234567
Industry: R1101 Roadwork, earthmoving, paving
Program: STANDARD
Type: DISCOUNT

Industry Premium Rate \$1.60
Experience Rate Discount/Surcharge -\$0.40
Net Premium Rate \$1.20 per \$100 of assessable payroll

Firm Data Summary

	2015	2016	2017	3-Year Total
Base Premiums:	\$500.00	\$5,000.00	\$2,000.00	\$7,500.00
Total Costs:	\$3,000.00	\$5,000.00	\$10,000.00	\$18,000.00
Time Loss Claims:	0	0	0	0
No Time Loss Claims:	1	2	5	8
Total Claims:	1	2	5	8

Experience Rate Calculation

Time loss claim count: 0
Net discount/surcharge -25%

Explanation:

Your firm has had no time loss claims in three-year evaluation window; therefore your firm has received an experience rate discount in recognition of your positive claims experience.

1. Your Industry Classification
2. Standard Experience Program
3. The Industry Rate = \$1.60
4. The Net Premium Rate = \$1.20
5. Total Base Premiums
6. Total Claims Costs
7. Number of Claims
8. Discount or Surcharge
9. A detailed explanation of net discount/surcharge

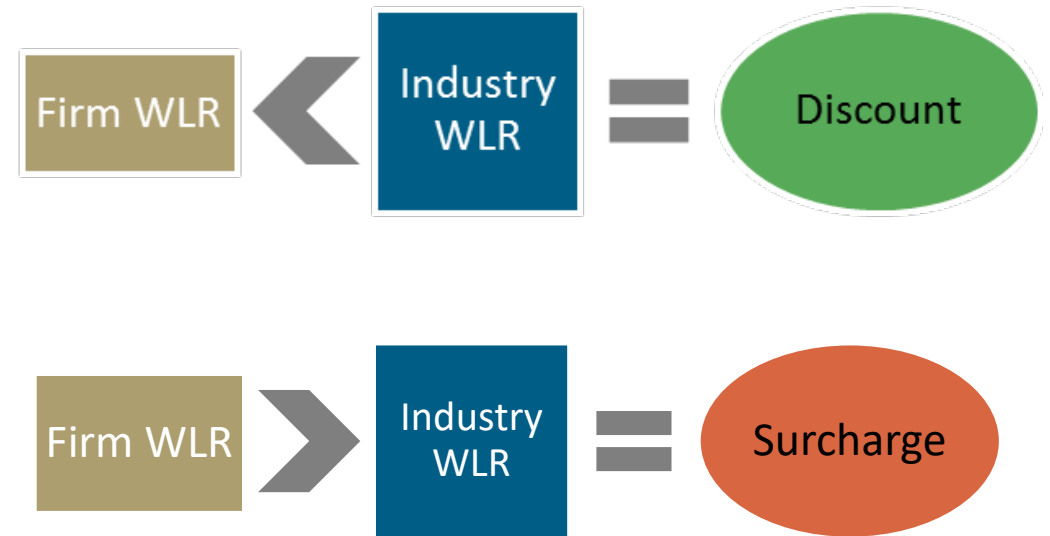
The Experience Rating Program

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Advanced Program

Premiums \geq **\$21,000** in **three** years

- Cost based
- Maximum discount = **30%**
- Maximum surcharge = **200%**



*WLR = Weighted Loss Ratio

January 2019

ABC Construction
Regina, SK

2019 Experience Rate

Firm Number:	987654
Industry:	T4201 Trucking
Program:	ADVANCED
Type:	SURCHARGE

Industry Premium Rate	\$3.02
Experience Rate Discount/ Surcharge	\$4.56
Net Premium Rate	\$7.58 per \$100 of assessable payroll

Firm Data Summary

	2015	2016	2017	3-Year Total
Base Premiums:	\$50,000.00	\$50,000.00	\$50,000.00	\$150,000.00
Total Costs:	\$165,000.00	\$160,000.00	\$20,000.00	\$345,000.00
Total Capped costs:	\$150,000.00	\$150,000.00	\$20,000.00	\$320,000.00

Time Loss Claims:	15	0	0	15
No Time Loss Claims:	0	0	0	0
Total Claims:	15	0	0	15

Weighted capped costs:	\$85,000.00
Weighted premiums:	\$50,000.00
Firm Weighted loss ratio:	170%
Industry Weighted loss ratio:	52%

Experience Rate Calculation

Discount/ Surcharge = Base Discount/ Surcharge x Participation Factor x Eligibility Factor						
151%	=	151%	x	100.0%	x	100.0%

Explanation:

Your firm's weighted loss ratio is greater than the industry's; therefore your firm has received an experience rate surcharge.

What does your Rate Advice Letter tell you?

1. Classified as a Trucking business
2. Advanced Program
3. Surcharge Position
4. The Industry Rate = \$3.02
5. The Net Premium Rate = \$7.58
6. Total Base Premiums = \$150,000
7. Total Capped Costs = \$320,000
8. Firm Weighted Loss Ratio = 170%
9. Industry Weighted Loss Ratio = 52%
10. Rate Surcharge = 151%
11. The reason why your rate is surcharged



Online Claims Reports

Claims Reports

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Injury Cost Information

Review all costs associated to a claim.

Experience Summary

Summary of your firm's payroll, premium, claim counts and costs for the current and previous 4 years.

Annual Costs Per Claim

Detailed summary of your firm's costs by claim for the current and previous 4 years.

Total Costs Per Claim

Total costs since inception for claims that have incurred costs in the current and previous 4 years.

Experience Rate Statement

A summary of any discount for a good claims record or any surcharges for a poor claims record.



- ✓ Current year costs are updated monthly.
- ✓ Prior year costs are final. Any adjustments are reflected in the year in they occur.
- ✓ All reports can now be downloaded in Excel.
- ✓ If you hire a third party to manage claims, you can assign them “Agent Access” to view these “Reports” only.

Adding an Agent

Manage Agents

- As the Administrator of your WCB Online Account, you have the responsibility for keeping your firms' records and information private and secure.
- You can prevent unlawful access to your information by keeping your Agent list up to date.
- If someone on your list no longer works with you or at your business, remove them as an agent.

Approve or Decline Agents

Edit or Remove Agents

Add an Agent

Username **eilishwhitmore@wcbask.com** is currently not active. You can create new user below.

Username : eilishwhitmore@wcbask.com

First Name *: Eilish

Last Name *: Whitmore

Create an account

Cancel

You are editing the access for agent **Eilish Whitmore (eilishwhitmore@wcbask.com)**.

- To add access, select the account #/application from the left box and click the arrow to move it to the right box.
- To remove access, select the account #/application from the right box and click the arrow to move it to the left box.
- To select more than one account #/application at a time hold down the CTRL key and use your mouse to click the multiple rows.

1117823 / AccountInformation
1117823 / Clearances
1117823 / EmployerPayrollStatement
1117823 / InjuryCostInformation
1117823 / LetterOfGoodStanding
1117823 / PayrollRevision
1117823 / UpdateAccountInformation
A797860 / AccountInformation
A797860 / Clearances

1117823 / REARReports

Apply Changes

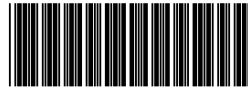
Cancel

Injury Cost Statement

- A monthly claims cost report
- Outlines cost type and date to which the cost applies
- Download in PDF or Excel

wcb | Saskatchewan
Workers' Compensation Board

200 - 1881 Scarth Street
Regina, SK S4P 4L1
Tel: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4205
Toll-free fax: 1.877.220.1671
Email: employerservices@wcbask.com
www.wcbask.com



Firm Number:

March 06, 2019

Detailed Statement of Injury Costs for the Period: February 1, 2019 to February 28, 2019

[Redacted]

There has been a change to how comp days are reported. Any time away from work is now reported as a full comp day. There is no impact to your claims costs.

This information is being provided to enable you to manage your workers' compensation claims and costs, and the information must not be used for any other purpose.

[Redacted]

Claim #	Injury Date	26 Oct 2018	Sub Code				
Payee	For Service From	For Service To	Cost Type	Cost Description	Comp Days	Payment Totals	Totals
WKR	03 Feb 2019	09 Feb 2019	Comp.	Full Wage Loss	5	514.66	
WKR	10 Feb 2019	16 Feb 2019	Comp.	Full Wage Loss	5	514.66	
WKR	17 Feb 2019	23 Feb 2019	Comp.	Full Wage Loss	5	514.66	
WKR	24 Feb 2019	02 Mar 2019	Comp.	Full Wage Loss	5	514.66	
	19 Dec 2018	19 Dec 2018	Medical	Private Facilities Expense		459.00	2,068.60
	16 Jan 2019	16 Jan 2019	Medical	Physiotherapy		381.12	
	30 Jan 2019	30 Jan 2019	Medical	Physician		81.87	
	01 Feb 2019	01 Feb 2019	Medical	Physiotherapy		285.84	1,207.83
Total cost for claim this period						3,266.43	

Employer Experience Summary (16C1)

- Summary of your firm's information for the past five years:

- ✓ Payroll
- ✓ Premiums
- ✓ Claim costs
- ✓ Claim counts
- ✓ Injury rates

- Download in PDF or Excel
- Data from this report is used in the calculation of your annual rate



Employer Experience Summary
As of December 31, 2018

Firm Name:
Address:

Firm Number:
Industry:

Report Generated: 28-Jan-2019

This information is being provided to enable you to manage your workers' compensation claims and costs, and the information must not be used for any other purpose.


	2014	2015	2016	2017	2018
Payroll:	\$513,528.00	\$553,369.00	\$574,896.00	\$546,516.00	\$548,508.00
Industry Premium Rate:	\$0.28	\$0.26	\$0.25	\$0.23	\$0.23
Experience Rate Discount/Surcharge:	-\$0.07	-\$0.07	-\$0.06	-\$0.06	-\$0.06
Firm Premium Rate:	\$0.21	\$0.19	\$0.19	\$0.17	\$0.17
Base Premiums:	\$1,437.88	\$1,438.76	\$1,437.24	\$1,256.99	\$1,261.57
Discount:	\$359.47	\$387.36	\$344.94	\$327.91	\$329.10
Surcharge:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Premiums:	\$1,078.41	\$1,051.40	\$1,092.30	\$929.08	\$932.47
Costs					
Medical Aid:	\$0.00	\$0.00	\$0.00	\$0.00	\$96.44
Rehabilitation:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Compensation:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pension:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Costs:	\$0.00	\$0.00	\$0.00	\$0.00	\$96.44
Total Capped Costs:**	\$0.00	\$0.00	\$0.00	\$0.00	\$96.44
Claims					
Time Loss:	0	0	0	0	0
No Time Loss:	0	0	0	0	1
Fatality:	0	0	0	0	0
Total:	0	0	0	0	1
Compensation Days	0	0	0	0	0
Time Loss Injury Rate:**					
Firm Injury Rate for R1101	0.00	0.00	0.00	0.00	N/A
Rate Code:	2.34	1.96	1.69	1.62	N/A
Total Injury Rate:**					
Firm Injury Rate for R1101	0.00	0.00	0.00	0.00	N/A
Rate Code	7.71	7.04	5.91	5.49	N/A

* Costs for individual claims are limited to the maximum assessable wage each year for the purpose of calculating Experience Rates

** Firm and Industry Time Loss and Total Injury Rates are capped at 100%

Annual Cost Per Claim Report (16C2)

- Annual costs per claim
- Download in PDF or Excel
- Also known as a C2 report


Annual Costs Per Claim
As of February 28, 2019

Firm Name: _____ Firm Number: _____ Industry: _____ Report Generated: 7-Mar-2019

This information is being provided to enable you to manage your workers' compensation claims and costs, and the information must not be used for any other purpose.
 *Costs for individual claims are limited to the maximum assessable wage each year for the purposes of calculating Experience Rates.

Year	Claim Number	Notification Year	Name	Alternate Address	Claim Type	Compensation Costs	Medical Aid Costs	Rehabilitation Costs	Pension Cost	Total Cost	Total Capped Costs*	Compensation Days
2019												
		2015		C	Time Loss	\$0.00	\$135.82	\$0.00	\$0.00	\$135.82	\$135.82	0
		2014		C	Time Loss	\$0.00	\$0.00	\$0.00	\$9,882.38	\$9,882.38	\$9,882.38	0
2019 Total						\$0.00	\$135.82	\$0.00	\$9,882.38	\$10,018.20	\$10,018.20	0.00
2018												
		2015		A	Time Loss	\$8,588.00	\$0.00	\$0.00	\$0.00	\$8,588.00	\$8,588.00	0
		2014		C	Time Loss	\$26,759.79	\$0.00	\$1,213.50	\$28,143.06	\$56,116.35	\$56,116.35	135
		2003		A	No Time Loss	\$0.00	\$0.00	\$0.00	\$904.00	\$904.00	\$904.00	0
		2002		A	No Time Loss	\$0.00	\$0.00	\$0.00	\$678.00	\$678.00	\$678.00	0
2018 Total						\$35,347.79	\$0.00	\$1,213.50	\$29,725.06	\$66,286.35	\$66,286.35	135.00
2017												
		2017		C	No Time Loss	\$0.00	\$184.24	\$0.00	\$0.00	\$184.24	\$184.24	0
		2015		A	Time Loss	\$0.00	\$77.77	\$0.00	\$0.00	\$77.77	\$77.77	0
		2014		C	Time Loss	\$342.98	\$0.00	\$0.00	\$0.00	\$342.98	\$342.98	12
		2014		C	Time Loss	\$52,995.34	\$2,700.00	\$286.00	\$0.00	\$55,981.34	\$55,981.34	273
		2003		A	No Time Loss	\$0.00	\$0.00	\$0.00	\$904.00	\$904.00	\$904.00	0
		2002		A	No Time Loss	\$0.00	\$0.00	\$0.00	\$678.00	\$678.00	\$678.00	0
2017 Total						\$53,338.30	\$2,942.01	\$286.00	\$1,582.00	\$58,148.31	\$58,148.31	285.00
2016												
		2016		C	No Time Loss	\$0.00	\$138.28	\$0.00	\$0.00	\$138.28	\$138.28	0
		2015		C	No Time Loss	\$0.00	\$2,884.80	\$0.00	\$0.00	\$2,884.80	\$2,884.80	0
		2015		C	No Time Loss	\$0.00	\$2,464.66	\$0.00	\$0.00	\$2,464.66	\$2,464.66	0
2015												
		2015		C	No Time Loss	\$0.00	\$1,867.35	\$0.00	\$0.00	\$1,867.35	\$1,867.35	0
		2015		A	No Time Loss	\$0.00	\$68.50	\$0.00	\$0.00	\$68.50	\$68.50	0
		2015		C	No Time Loss	\$0.00	\$785.14	\$0.00	\$0.00	\$785.14	\$785.14	0
		2015		A	Time Loss	\$3,841.80	\$14,858.92	\$0.00	\$0.00	\$18,700.72	\$18,700.72	61
		2015		A	No Time Loss	\$0.00	\$125.90	\$0.00	\$0.00	\$125.90	\$125.90	0
		2015		C	No Time Loss	\$0.00	\$3,238.99	\$0.00	\$0.00	\$3,238.99	\$3,238.99	0

Total Costs Per Claim (16C3)

- Total cost of a claim
- Download in PDF or Excel
- Also known as a C3 report



Total costs Per Claim
As of December 31, 2018

Firm Name: _____ Firm Number: _____ Industry: _____ Report Generated: 28-Jan-2019

This information is being provided to enable you to manage your workers' compensation claims and costs, and the information must not be used for any other purpose.
*Costs for individual claims are limited to the maximum assessable wage each year for the purposes of calculating Experience Rates.

Claim Number	Notification Year	Name	Alternate Address	Injury Date	Claim Type	Injury Type	Compensation Costs	Medical Aid Costs	Rehabilitation Costs	Pension Costs	Total Costs	Compensation Days
	2018			30-Aug-2018	Time Loss	Multiple Body Part	\$0.00	\$1,130.25	\$0.00	\$0.00	\$1,130.25	2.0
	2017			11-Sep-2017	No Time Loss	Left Ankle	\$0.00	\$442.44	\$0.00	\$0.00	\$442.44	0.0
	2017			03-Oct-2017	No Time Loss	Right Hip/Pelvis	\$0.00	\$442.44	\$0.00	\$0.00	\$442.44	0.0
	2017			03-Oct-2017	No Time Loss	Right Finger/Thumb	\$0.00	\$527.90	\$0.00	\$0.00	\$527.90	0.0
	2016		A	17-Feb-2016	No Time Loss	Right Ankle	\$0.00	\$488.38	\$0.00	\$0.00	\$488.38	0.0
	2016			30-Mar-2016	No Time Loss	Left Hand	\$0.00	\$405.44	\$0.00	\$0.00	\$405.44	0.0
	2015		UG	18-Mar-2015	No Time Loss	Inhalant Exposure	\$0.00	\$81.40	\$0.00	\$0.00	\$81.40	0.0
	2015			08-Apr-2015	No Time Loss	Right Eye(S)	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	0.0
	2015			04-May-2015	No Time Loss	Left Finger/Thumb	\$0.00	\$183.70	\$0.00	\$0.00	\$183.70	0.0
	2015			03-Sep-2015	No Time Loss	Left Finger/Thumb	\$0.00	\$516.22	\$0.00	\$0.00	\$516.22	0.0
	2015			09-Oct-2015	No Time Loss	Left Eye(S),Right Eye(S)	\$0.00	\$210.08	\$0.00	\$0.00	\$210.08	0.0
	2015		UG	14-Oct-2015	No Time Loss	Right Eye(S)	\$0.00	\$70.00	\$0.00	\$0.00	\$70.00	0.0
	2015			27-Oct-2015	No Time Loss	Right Hand	\$0.00	\$596.83	\$0.00	\$0.00	\$596.83	0.0
	2015			09-Nov-2015	No Time Loss	Left Finger/Thumb	\$0.00	\$249.77	\$0.00	\$0.00	\$249.77	0.0
	2015			02-Nov-2015	No Time Loss	Left Elbow	\$0.00	\$152.60	\$0.00	\$0.00	\$152.60	0.0
	2015			07-Dec-2015	No Time Loss	Lower Back Lumbar	\$0.00	\$150.78	\$0.00	\$0.00	\$150.78	0.0
	2015			09-Dec-2015	No Time Loss	Right Elbow	\$0.00	\$93.13	\$0.00	\$0.00	\$93.13	0.0
	2014			08-Jan-2014	No Time Loss	Left Finger/Thumb	\$0.00	\$603.98	\$0.00	\$0.00	\$603.98	0.0
	2014			19-Mar-2014	No Time Loss	Back Lumbar	\$0.00	\$834.20	\$0.00	\$0.00	\$834.20	0.0
	2014			26-Mar-2014	No Time Loss	Right Knee	\$0.00	\$158.00	\$0.00	\$0.00	\$158.00	0.0
	2014			01-Apr-2014	No Time Loss	Left Ankle	\$0.00	\$288.00	\$0.00	\$0.00	\$288.00	0.0
	2014			04-Apr-2014	No Time Loss	Left Eye(S)	\$0.00	\$500.20	\$0.00	\$0.00	\$500.20	0.0
	2014		A	25-May-2014	No Time Loss	Lower Eye(S)	\$0.00	\$60.00	\$0.00	\$0.00	\$60.00	0.0
	2014			31-May-2014	No Time Loss	Left Eye(S)	\$0.00	\$346.70	\$0.00	\$0.00	\$346.70	0.0
	2014			02-Aug-2014	No Time Loss	Right Forearm	\$0.00	\$321.20	\$0.00	\$0.00	\$321.20	0.0
	2014			25-Aug-2014	No Time Loss	Right Finger/Thumb	\$0.00	\$416.40	\$0.00	\$0.00	\$416.40	0.0
	2014		UG	27-Aug-2014	No Time Loss	Left Eye(S)	\$0.00	\$412.25	\$0.00	\$0.00	\$412.25	0.0
	2014		UG	09-Nov-2014	No Time Loss	Lower Back	\$0.00	\$960.86	\$0.00	\$0.00	\$960.86	0.0
	2013			02-May-2013	Time Loss	Right Hand	\$221,270.34	\$102,760.15	\$31,681.09	\$1,977.50	\$357,689.08	1,972.0
	2013			30-Jun-2013	No Time Loss	Left Eye(S)	\$0.00	\$287.00	\$0.00	\$0.00	\$287.00	0.0
	2013			26-Sep-2013	Time Loss	Left Arm	\$3,385.68	\$1,196.44	\$0.00	\$0.00	\$4,582.12	110.0
	2013			23-Aug-2013	No Time Loss	Back	\$0.00	\$3,374.07	\$0.00	\$0.00	\$3,374.07	0.0
	2013			07-Dec-2013	No Time Loss	Right Toe(S)	\$0.00	\$581.60	\$0.00	\$0.00	\$581.60	0.0
	2012			13-Oct-2012	No Time Loss	Back, Chest	\$0.00	\$89.70	\$0.00	\$0.00	\$89.70	0.0
	2011			06-Dec-2010	Time Loss	Right Knee	\$31,415.91	\$22,184.07	\$0.00	\$0.00	\$53,599.98	409.0
	2010			05-Apr-2010	Time Loss	Back	\$242,131.37	\$76,145.27	\$23,747.84	\$0.00	\$342,024.48	1,370.0
	2010			19-Sep-2010	Time Loss	Back	\$23,350.64	\$35,465.76	\$0.00	\$0.00	\$58,816.40	379.0
	2010			02-Oct-2010	Time Loss	Right Shoulder	\$34,436.83	\$24,437.09	\$0.00	\$0.00	\$58,873.92	1,476.0
	2005			31-Aug-2005	No Time Loss	Right Knee	\$27,030.44	\$27,859.27	\$0.00	\$0.00	\$54,889.71	257.0
	2004			11-Feb-2004	No Time Loss	Groin	\$0.00	\$667.12	\$0.00	\$0.00	\$667.12	145.0
	2001		A	22-May-2001	No Time Loss	Inhalant Exposure	\$0.00	\$132.78	\$0.00	\$0.00	\$132.78	0.0
	1998			20-Apr-1998	No Time Loss	Left Neck	\$30,239.24	\$11,543.56	\$1,424.00	\$274.30	\$43,481.10	2,188.0
	1998			08-Nov-1998	No Time Loss	Back	\$133,372.22	\$101,002.96	\$1,312.47	\$206,465.06	\$442,152.71	1,140.0
	1996			15-Aug-1996	No Time Loss	Knee	\$12,216.34	\$11,121.79	\$0.00	\$0.00	\$23,338.13	110.0
Total							\$759,188.91	\$439,992.92	\$58,165.40	\$208,716.86	\$1,466,064.09	9,558.0



Cost Relief

Cost Relief

An employer may receive cost relief under the following circumstances:

- Application of cost relief to the Second Injury and Re-employment Reserve, Disaster Reserve or Occupational Reserve
- Third party recovery of costs (subrogation)
- Transfer of claim costs to another employer or claim
- Any other consideration as directed by the WCB



Cost Relief – How It Might Impact Your Rate:

- Cost relief is automatically applied as a credit to the year it was granted and will be used in the calculation of future discounts or surcharges.
- An employer can choose to have the credit applied back to offset the claim's costs in the calculation of the current and previous two rate years instead. This must be requested in writing.





Form History

Form History – Online Search

Review Forms

Form History

Review Forms

Continue editing a saved form or review any previously submitted online forms.




- ✓ Search by year and form type
- ✓ Edit saved forms that haven't been submitted
- ✓ View forms that have been submitted

Review Forms

Review Forms


Filter by Type **Visual Filter**










Selected Form Types: E1, EPS, REV, ACF 

Select Form Types

ACF E1 EPS REV

OK Cancel Select All Clear All

Current year 

Form	Description	Status	Date	Expiry	Actions
Employer's Payroll Statement	Labour Relations & Workplace Safety	Saved	1 hour(s) ago	2019-Dec-31	  
Account Closure Form	Info not provided	Saved	3 hour(s) ago	2019-Jun-05	  
Employer's Report of Injury	Joe Smith	Saved	20 hour(s) ago	2019-Jun-04	  



Updating Your Online Profile

Making Updates

Update Account

New Business Registration

Register a business.

Account Closure/Sale Form

Inform the WCB if business is sold, closed, or no longer operating in Saskatchewan.

Business Amalgamation/Restructure

Inform the WCB if business amalgamation/restructure has occurred.

Business Ownership Change

Inform the WCB if business had a change in ownership.

Optional Personal Coverage (OPC) Cancellation

Inform the WCB if business is cancelling Optional Personal Coverage (OPC).

Account Information

Access and update business address and contact information. View current payment balance.

Making Updates

Help Documentation

Changing Username Instructions

Update Online Profile

Profile Details **Account Details**

Change Account Details

Click the submit button to apply any of the changes below.
NOTE: Username must be a valid email address.

Username:*
example: example@domain.com

First Name:*

Last Name:*

Current Password:

New Password:
i

Verify Password:

Watch for it!

- **Term Clearances**
 - ✓ Able to sign up for notification when Term Clearances are issued
 - ✓ Print online
- **View Statement of Account and Pay**
 - ✓ View payment schedule online
 - ✓ View Statement Of Account History
 - ✓ Sign up for email notification when Statement of Account is issued

Employer Resources

- Forms and Fact Sheets on www.wcbsask.com
- Prevention Department
- Industry Safety Associations
- WorkSafe Saskatchewan
- Occupational Health & Safety
- Fair Practices Office
- Appeals Office

WORKERS' COMPENSATION: **2019**
Eliminate injuries – Restore abilities
COMP INSTITUTE
MARCH 25-26, 2019 | SASKATOON SK

Contact Employer Services

Toll Free: 1.800.667.7590
Toll Free Fax: 1.877.220.1671
employerservices@wcbsask.com

