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## Taxi driver application form

A. Personal information								
First name		Mic	Middle initial		Last name			
Business name (if applicable)					Federal business number (if applicable)			
B. Mailing address								
Street address/box number				City		Provir	nce	Postal code
Business phone	Cell phone		Fax			Email		
Physical address (if different from above)								
Street address or land location				City		Provir	nce	Postal code
C. Employment status						Yes		No
Do you own the vehicle?								
Do you lease the vehicle from another business or individual?								
Do you hire relief drivers? If yes, please complete Section D.								
Do you lease the vehicle to another driver?								
Are you affiliated with a taxi broker? If yes, provide the taxi broker's name.								
D. Workers and payroll information Complete only if you are hiring workers or contractors.								
Do you have workers?								
Do you hire contractors? If you have hired contractors in Saskato last three years, please include a list with the contractor name, address and contract amounts.								
Start date of first worker or contractor:								
Please provide the gross earnings (before deductions) for all workers:								
2022 (Max \$94,440 per person)		2023 (Max \$96,945 per person)			<b>2024</b> (Max \$99,945 per p		2025 estimate (Max \$104,531 per person)	
E. Personal coverage   Personal coverage is optional coverage for individuals not automatically covered under <i>The Workers' Compensation Act, 2013</i> (the "Act"). When personal coverage is purchased, the applicant becomes a worker and is eligible for benefits under the Act. Earnings loss benefits will be based on the amount of coverage purchased by the applicant.   Do you wish to elect optional personal coverage for yourself? Yes No								
Applicant's name			Applicant's date of b			th (Minimum \$31,200, maximum \$104,531)		
F. Declaration: read carefully								
I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation								
benefits. Name (Please print)				Signature				
Title				Date				

## Information on personal coverage

## What is personal coverage?

Personal coverage is optional coverage for individuals not automatically covered under *The Workers' Compensation Act, 2013* (the "Act"). When personal coverage is purchased, the applicant becomes a worker and is eligible for benefits under the Act. Earnings loss benefits will be based on the amount of coverage purchased by the applicant.

Personal coverage may be purchased for any amount between the minimum personal coverage amount (\$31,200) and the maximum assessable wage rate (\$104,531). The amount of coverage purchased should reflect actual employment earnings, since injury benefits will be based on this amount. For coverage amounts above the minimum, proof of earnings will be required in the event of an injury. The following documents will be accepted as proof of earnings:

- a. A Statement of Business or Professional Activities as submitted to the CRA, or
- b. A declaration from a Chartered accountant, a Certified Management Accountant (CMA), or a Certified General Accountant (CGA) verifying the actual employment earnings.

In the absence of these documents, the WCB may accept an audited financial statement.

## Why do we need your birthdate?

Your birthdate is used as an additional identifier when selecting personal coverage, as there are instances where two people have the same name.