

Application for Voluntary Coverage

I/We _____ of _____ apply to the Saskatchewan Workers' Compensation Board to have all my/our workers employed either temporarily or otherwise in the business of _____ protected under the [Workers' Compensation Act, 2013](#), and **agree to give notice of this application to my/our worker(s) or employer(s) and their trade union, if applicable.** This application remains in effect and coverage continues on a year-to-year basis unless written notification is received from the employer to cancel, or it is terminated by the Saskatchewan Workers' Compensation Board for non-compliance with the provisions of the Act.

Coverage for relatives

All family members, except the wife or husband of a proprietor or partner, are considered workers and are entitled to coverage if they are paid a regular wage and shown on the employer's payroll records. If not, the family member is viewed as a volunteer. The amount of such earnings plus the value of free room and board will be included in both the actual and estimated wages reported.

Coverage becomes effective from 12:01 a.m. on the day following receipt of the request in the Saskatchewan Workers' Compensation Board office.

Dated at _____, this _____ day of _____, 20____.

Name of applicant (please print)

Witness (please print)

Applicant signature

Witness signature

If you have any questions while filling out this application, please contact us.

Please return the completed application to:

Email: employerservices@wcbsask.com

Fax: 1.877.220.1671 or 306.787.4205

Mail: Employer Services

200-1881 Scarth St.
Regina, SK S4P 4L1

Please keep a signed copy for your records