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TERF

Taxi Driver Application Form

A. Personal Information									
First name		Mie	Middle initial		Last name				
Business name (if applicable)				F		Federal business number (if applicable)			
B. Mailing Address									
Street address/Box number				City		Province		Postal code	
Business phone	Cell phone	one 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 & 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 Saskatc 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:									
2018 (Max \$82,627 per person)	2019 (Max \$88,314 per person)			2020 (Max \$88,906 per pe			erson) (Max \$91,100 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. Wage 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 bi			th Amount of coverage requested (Minimum \$23,816, maximum \$91,100)			
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. Wage 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 (\$23,816) and the maximum assessable wage rate (\$91,100). 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.