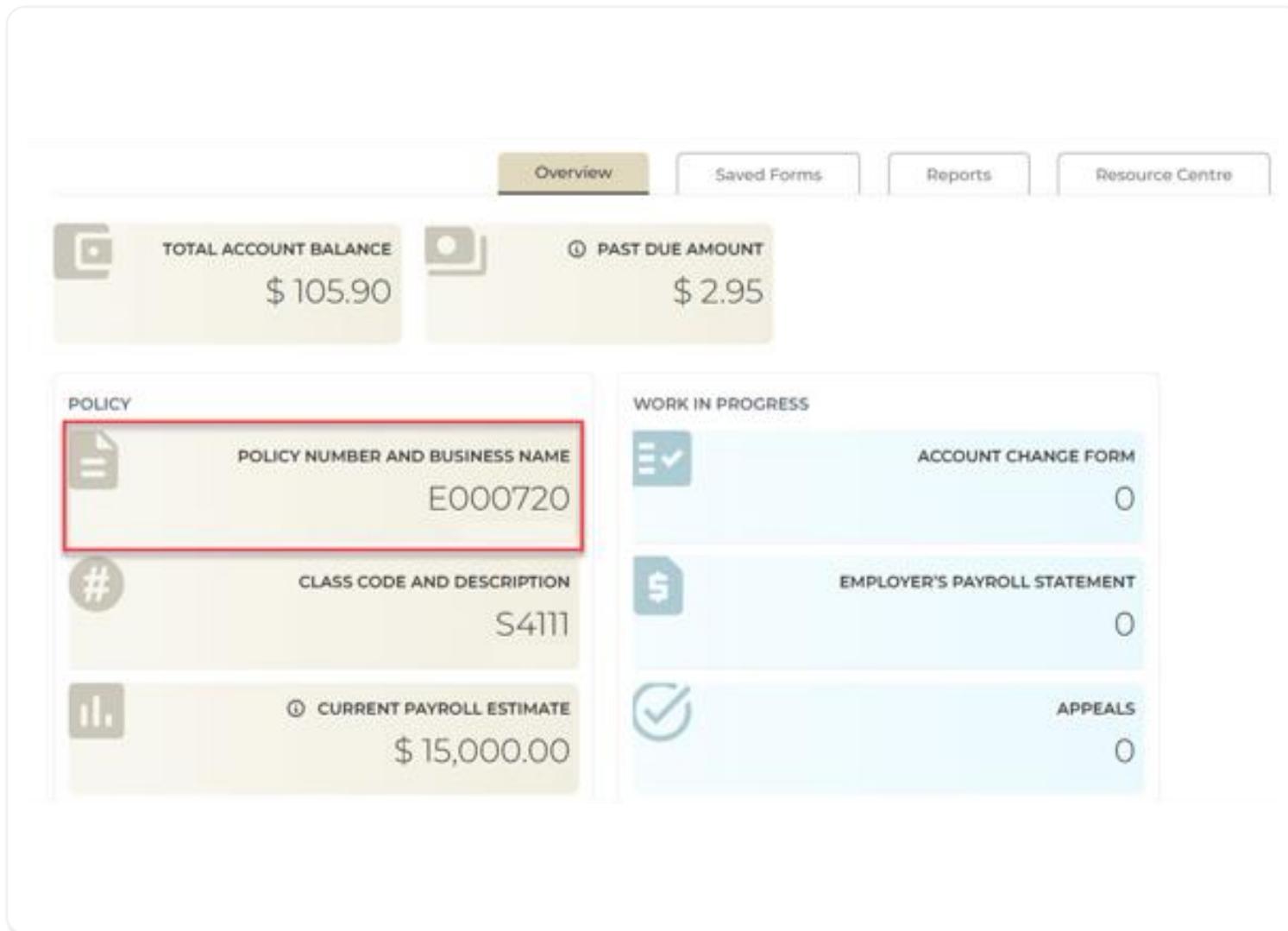




Submit an Employer Payroll Statement (EPS)

Submit an EPS



The screenshot shows the WCB dashboard with the following interface elements:

- Top Navigation:** Overview, Saved Forms, Reports, Resource Centre.
- Dashboard Summary:** TOTAL ACCOUNT BALANCE \$105.90, PAST DUE AMOUNT \$2.95.
- POLICY Section:** POLICY NUMBER AND BUSINESS NAME E000720 (highlighted with a red box), CLASS CODE AND DESCRIPTION S4111, CURRENT PAYROLL ESTIMATE \$15,000.00.
- WORK IN PROGRESS Section:** ACCOUNT CHANGE FORM (0), EMPLOYER'S PAYROLL STATEMENT (0), APPEALS (0).

1. From the dashboard, select **Policy Number and Business Name**

Submit an EPS

Business Information

Workers' Information →

1 2 3 4 5

Business Information Worker's Information Contracted Services Personal Coverage Review and Declaration

Business Information

Policy Number	Business Name	Operating Name	Mailing Address
E000011	Test Rob LTD	Test Rob LTD	2400 13th Ave, Regina, SK S4P 0V9, Canada

Business Information

Have there been any changes to your business operations (closed, sold, stopped operating in Saskatchewan, etc.)?

Yes No

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2. Select **Submit EPS**. You will then be redirected to the start of the EPS journey.
3. Complete the questions on the Business Information Page:
 - i. Has there been any changes to your business operations (closed, sold, stopped operating in Saskatchewan, etc)?
 - ii. Is the business name correct as of today?*
 - iii. Is the current address correct as of today's date?*
4. Once completed, select **Continue**.

Submit an EPS

Worker's Information

1 Enter gross earnings before deductions up to the maximum assessable per worker per calendar year, excluding directors of corporations. Reminder: only report wages for work completed in Saskatchewan and/or out-of-province wages where Saskatchewan WCB has provided coverage on an insurance basis. Maximum Assessable per worker for 2025 is \$ 104,531. Maximum Assessable per worker for 2026 is \$ 104,531.

2025 Actual Wages [?](#)

PAYROLL PERIOD	CLASS CODE	DESCRIPTION	RATE	ACTUAL WAGES *
06/09/2025 - 01/01/2026	B1306	Construction project management	\$ 1.89	\$ <input type="text"/>

2026 Estimated Wages [?](#)

PAYROLL PERIOD	CLASS CODE	DESCRIPTION	RATE	ESTIMATED WAGES *
01/01/2026 - 01/01/2027	B1306	Construction project management	\$ 1.89	\$ <input type="text"/>

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5. Proceed to complete the Actual Wages for the previous year and the Estimated Wages for the current year.
6. Once entered, select **Submit**.

Submit an EPS

← Workers' Information

Contracted Services

Personal Coverage →

1 Business Information 2 Worker's Information 3 Contracted Services 4 Personal Coverage 5 Review and Declaration

Business Information

Policy Number E000011	Business Name Test Rob LTD	Operating Name Test Rob LTD	Mailing Address 2400 13Th Ave, Regina, SK S4P 0V9, Canada
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Contracted Services

If Clearances were not requested for all of your contractors or the amount requested for said clearances is less than what was paid, please report them to WCB.

Do you have contractors to report to the WCB for 2025?

Yes No

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7. This page describes the types of contracted services and what is required for each type.
 - I. Select **Continue** once finished your review.
8. Answer the following questions:
 - I. If clearances were not requested for all your contractors or the amount requested for said clearances is less than what was paid, please report them to WCB.
 - II. Do you have contractors to Report to WCB for 2025?
 - III. Continue to report Contractors.
9. When finished, select **Continue**.

Submit an EPS

POLICY NUMBER	CUSTOMER NUMBER	CONTRACTOR NAME	2025 TOTAL CONTRACT AMOUNT	DESCRIPTION OF WORK	LABOUR TYPE	EXACT LABOUR AMOUNT (IF KNOWN)
UNREGISTER..	UNREGISTER..	Bob's Your Un..	\$ 8,995	Being a best ..	Labour Only	\$ 5,000

10. Complete the Optional Personal Coverage page.
 - I. Do you have contractors to be reported?
 - a. Under Contractors to be reported you can search by:
 - Policy Number
 - Company Number
 - Customer Name
 - II. Or you can choose to **Import CSV File**
 - III. Add Contractors Manually – Fill in mandatory and other fields.
 - IV. Review the list of valid entries.
 11. Enter whether you “Would you like to provide an estimate for non-registered contractors.”
 12. Personal Coverage – Renewal of OPC
 - I. Enter the Date of birth of the covered individual.
 - II. Select **Continue Coverage for Current year**
 - III. Input the amount of coverage for the current year
 - IV. New Optional Personal Coverage
 13. Review the information and select **Continue**.

Submit an EPS

Personal Coverage

Renewal of OPC

Amount Limit: \$31,200 (Minimum) - \$104,531 (Maximum)

CLASS CODE	COVERED INDIVIDUAL	DATE OF BIRTH *	2025 COVERAGE AMOUNT	CONTINUE COVERAGE FOR 2026	2026 COVERAGE AMOUNT
B1306	Rusty Nails	06/16/2007	\$75,000	Yes	\$80,000

Terms & Conditions for Optional Personal Coverage
Optional Personal Coverage (OPC) will be effective the day after the request or a any future date in the current year. OPC cannot be backdated. Premiums will be charged subject to 3-month minimum based on the coverage amount elected. Our office will contact you to collect payment at time of processing. Request to cancel OPC must be received in writing.

Do you wish to purchase optional personal coverage? *

Yes No

Covered Individual:

Add Additional Covered Individual *

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14. Personal Coverage – Renewal of OPC

- I. Enter the Date of birth of the covered individual.
- II. Select **Continue Coverage for Current year**
- III. Input the amount of coverage for the current year
- IV. New Optional Personal Coverage
- V. Review the information and select **Continue**.
- VI. Enter the “Date of Birth” using the date picker. Select **Yes** to continue coverage for the current year and enter the current year coverage amount

15. Answer the question, “Do you wish to purchase Optional Personal Coverage?”

- I. If you select **Yes**, repeat the above steps.
- II. If you select **No**, select **Continue**.

Submit an EPS

Declaration

READ CAREFULLY

By submitting this form and the information in it, I declare the following:

- I understand what WCB requires in this form.
- I understand and have personal knowledge of all the information submitted (whether added to the form by me or by someone else), and I take full responsibility for all information submitted.
- I understand WCB will rely on the information submitted, and that there may be legal (including criminal) consequences for me, the business and/or others if any information submitted is false, misleading or incomplete.
- I am qualified and authorized to submit this form and make this declaration.
- I certify all information submitted and all the foregoing declarations are true, complete and correct to the best of my knowledge.

First Name:

Last Name:

Phone Number:

Cell Number:

Email Address:

Electronic Signature (Required)

By providing my electronic signature, I declare that I am authorized to provide the information submitted on behalf of or as the person named therein and, to the best of my knowledge, all the information provided in this form is true and accurate. I understand that criminal prosecution or penalties may result from any attempt to obtain compensation benefits by fraudulent means, or from any attempt to prevent the collection of compensation benefits. I further understand that, pursuant to [The Electronic Information and Document Act, 2000](#), any requirement for my signature is satisfied by clicking on the designated icon for my electronic signature.

If there have been any changes to your business operations or they have been misclassified, this can be submitted to WCB by using the Classification Appeal through Online Services.

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[Submit](#) 

16. Review all entries that have been made through your journey. If you have corrections, you can click on the "Edit" at the bottom of each page of information and edit them.

17. Once you have completed your review.

- Read the Declaration.
- Fill in your information if it is not auto filled.

18. Check the **Electronic Signature** box.

19. Select **Submit**.