

NOTE: Once you are approved, you will have the same workers' compensation benefits as a worker. Persons not automatically covered as part of their employment can apply for personal optional coverage are a director of a corporation, a business owner with workers, or a self-employed person with no workers.

Employer Number

Last Name		First Name	
Company Name		Company Position	
Mailing Address	City/Town	Province/Territory	Postal Code
Telephone (include Area Code)	Cell (include Area Code)	Email Address	
I perform work in the ☐ Northwest Territories ☐ Nunavut ☐ Both		Northwest Territories and/or Nunavut Communities currently operating in	
Description of Operation			

☐ I am a director of a corporation and guide or control the corporation's policies and purposes

☐ I am an employer

☐ I am self-employed and have no workers

I am applying for coverage in the amount of \$ _____.00

- ☐ I acknowledge that this is the amount the WSCC will use when determining my compensation rate
- ☐ **I will provide acceptable proof of earnings to support my application**

Coverage required: From _____ To _____
 YYYY-MM-DD YYYY-MM-DD

Applicant Signature _____ **Please print form to sign** _____ Date _____
YYYY-MM-DD

Amount of Coverage Effective Dates Authorization

\$ _____ From _____ To _____

 YYYY-MM-DD YYYY-MM-DD

Yellowknife: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596
Toll Free Fax: 1-866-277-3677 • Email: employer@wssc.nt.ca

or

Iqaluit: 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501
Toll Free Fax: 1-866-979-8501 • Email: employer@wssc.nu.ca

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