WorkplaceNL

MAIL FORM TO:
146-148 Forest Road P.O. Box 9000
St. John's NL A1A 3B8
EMAIL OR FAX FORM TO:
esa@workplacenl.ca
709.778.1110

CALL US AT:
*telephone:*709.778.1291
toll-free: 1.800.563.9000
VISIT US AT:
workplacenl.ca

Householder Coverage Application

See page 2 for terms and conditions of Householder Coverage

Firm Number (For Office Use Only)

Applicant Name	*Work Site Location*
Applicant Mailing Address	

Coverage Requested

☐ General Labour	☐ Respite Care	☐ Other: Provide Details:

Rate ($)	*Start Date (yyyymmdd)*	*End Date (yyyymmdd)*

Coverage Amount – Labour Cost for the Period ($) (Minimum $920.64 per 28 days, per worker)
Amount Remitted ($)

List the individual(s) who will be performing the work

Print Name	*Print Name*	*Print Name*

I apply to WorkplaceNL under Section 45(2) of the *Workplace Health, Safety and Compensation Act, 2022* for Householder Coverage and certify that the information provided above is correct.

Print Name	*Telephone Number*
Signature	*Date*

TERMS AND CONDITIONS OF HOUSEHOLDER COVERAGE

1. Application to WorkplaceNL for Householder Coverage can be made by a private individual when hiring other individuals to do work in or around the residence of the householder. The applicant is the homeowner and coverage is only extended for the worker(s) listed on the Householder Coverage Application Form.

2. Provide your complete mailing address.

3. Provide the work site location where the work will be performed.

4. Check which type of work you will be having done: General Labour, Respite Care or Other. If "Other" is selected, describe the type of work.

5. If the assessment rate for the type of work has not been provided by the Assessment Services Department, please call **(709) 778-1189** to determine the rate which applies to you. Rates are per $100 of labour costs.

6. Provide the scheduled start and end dates of the work. Householder Coverage is effective from the date we receive your application or from the coverage date requested in this application, whichever is latest. Coverage automatically expires on December 31st of each year or on the last coverage date requested by the applicant, whichever is earliest. Renewal applications are required if the applicant(s) wishes to continue with coverage after the expiration date.

7 The minimum coverage period is 28 days and the minimum coverage amount for this period is $920.64 per worker. The maximum yearly estimate of labour is $79,345 per worker, or $1,525.86 per week.

8. Householder coverage assessment premiums must be paid in full, in advance. **Payment must accompany the application or the application will not be accepted.** To calculate the amount to remit to WorkplaceNL, multiply the rate by the estimate of labour cost in line and divide by 100. If the resulting amount is less than $50.00, a non-refundable minimum assessment charge of $50.00 must be remitted.

9. Provide the names of the individuals performing the work. If the worker(s) of the applicant suffers a work-related injury, proof of earnings must be submitted with the claim for lost wages. Lost time benefits will be paid only on the amount of demonstrated earnings, but in no situation will they exceed the amount of coverage requested in this application. Coverage is only extended for the worker(s) listed on this application.

10. By signing this form, the applicant applies to WorkplaceNL for workers' compensation coverage of workers otherwise excluded under Regulation 4 of the *Workplace Health, Safety and Compensation Act, 2022*. In the event this application is accepted by WorkplaceNL, the applicant agrees to be bound by all the provisions of *the Act* and the Regulations made under *the Act*.

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VISIT US AT:
workplacenl.ca

Please email, fax or mail with copy of void cheque to:

Attn: Assessment Services Department

Householder Coverage Pre-Authorized Debit (PAD) Agreement

Employer Information (Please print clearly)

☐ **Check here to use this form to request changes to your banking information**

Employer Name		Firm Number	
Phone	Fax		
Mailing address			
City/town		Province	Postal code

Bank Account Information (Please attach copy of VOID cheque)

Financial Institution (FI) Name:_____

FI Branch Address:_____

FI Account Number:_____ ☐ Chequing account or ☐ Savings Account

FI Number: ☐☐☐ *(3 digits)* FI Branch Transit Number: ☐☐☐☐☐ *(5 digits)*

Pre-Authorized Debit (PAD) Details

I authorize WorkplaceNL to debit the bank account identified above for the full outstanding balance, in a single payment at least the next business day following the date of the Householder Coverage is processed. WorkplaceNL will obtain my authorization for any additional one-time or sporadic payments.

_____
Authorized Signature *(for FI account)*

_____
Second Authorized Signature *(if applicable)*

_____
Name *(Please Print)*

_____
Name *(Please Print)*

_____
Date (*YYYY/MM/DD*)

_____
Date (*YYYY/MM/DD*)

THIS SERVICE IS FOR BUSINESS USE ONLY

Householder Coverage
Pre-Authorized Debit
(PAD) Agreement

General Information

You the payer may revoke your pre-authorized debit (PAD) authorization at any time by calling 709.778.1125 (or 1.800.563.9000 extension 1125) at least three business days before your next pre-authorized debit payment. To obtain a sample of the industry cancellation form, which you may also use to cancel your PAD authorization provided we receive it at least 30 days before your next pre-authorized debit payment, or for more information on your right to cancel a PAD Agreement, please contact your financial institution or visit **www.payments.ca.**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit **www.payments.ca.**

Important: You must contact us if any of the information you provide on this form changes.

Contact us

For more information, call 709.778.1125 or 1.800.563.9000, ext 1125.