WorkplaceNL

MAILING ADDRESS:
P.O. Box 9000
St. John's, NL A1A 3B8

FAX FORM TO:
709.778.1110

CALL US AT:
709.778.1140
1.800.563.9000

VISIT US AT:
workplacenl.ca

Optional Personal Coverage Application 2019

The proprietor or partners of a non-incorporated business are not automatically covered under the *Workplace Health, Safety and Compensation Act*. This means they cannot receive benefits from WorkplaceNL in the event of a work-related injury; however, they may apply for Optional Personal Coverage. Please read the Terms and Conditions before completing this application.

Firm Number	Description of Work	NIC Code	2019 Rate

Telephone Number: _____ Fax Number: _____
If revisions to any of the above information should be made, please provide the correct information below.

Terms and Conditions of Optional Personal Coverage

1. Optional Personal Coverage is effective from the date of application or from the coverage date requested in the application, whichever is latest.
2. Optional Personal Coverage assessment premiums must be paid in full, in advance. Payment must accompany the application or the application will not be accepted. The minimum coverage period is 28 days. The range of daily coverage is $32.88 (minimum amount) per day up to $179.73 (maximum amount) per day. Calculate the required payment as follows:
   Amount of Daily Coverage X Number of Days X 2019 Rate ( ) /100
   (For example, minimum coverage of **$32.88 X 28 Days X $6.00 (i.e. rate) /100 = $55.24)**
   Note, if this calculation results in a payment that is less than $50.00, a nonrefundable minimum assessment charge of $50.00 applies.
3. Optional Personal Coverage automatically expires on December 31 of each year or on the last coverage date requested by the applicant, whichever is earliest. A new application is required if the applicant wishes to continue coverage after the expiration date.
4. If 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 gross earnings but in no situation will they exceed the amount of coverage requested by the applicant. Earnings loss benefits are calculated and paid based upon 85% of net earnings.
5. Application must be signed by applicant or coverage cannot be purchased.

Period of Coverage

From:	To:	Daily amount	Total amount of coverage	Total premium
Year Month Day	**Year Month Day**	$	$	$

Where to Submit Form and Payment

146-148 Forest Road P.O. Box 9000 St. John's, NL A1A 3B8 t 709.778.1140 t 1.800.563.9000	26 High Street P.O. Box 850 Grand Falls-Windsor, NL A2A 2P7 t 709.489.1600 t 1.800.563.3448	Suite 201B, Millbrook Mall 2 Herald Avenue, P.O. Box 474 Corner Brook, NL A2H 6E6 t 709.637.2700 t 1.800.563.2772

Applicant's Authorization

I declare that this application is complete and correct and understand that giving false information or omitting relevant information is a serious offence.

Signature of Applicant	Date