

Please complete the attached Determining Worker/Independent Operator Status Questionnaire if one of the following applies:

- **You are not employing full or part-time help**
- **You have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract**
- **You are a company engaging contractors and require a worker/independent operator status determination**
- **You would like an account established for Optional Insurance**

What do I submit to the Workplace Safety and Insurance Board (WSIB)?

1. The completed Determining Worker/Independent Operator Status Questionnaire signed by you (the Individual) and the company with whom you currently have a contract (the Principal)
2. Copies of 3 - 5 recent invoices/contracts for different companies to demonstrate that you work for more than one company
3. A copy of your business registration or Certificate/Articles of Incorporation
4. A copy of the HST number, if applicable
5. Copies of any recent purchase orders for materials that you supply as part of your contract e.g. cleaning supplies, tools, office supplies or equipment
6. Advertising material such as business cards, flyers, website, if available
7. A completed Optional Insurance Request/Change Form, if requested (Form 1574A enclosed)
 - Proof of earnings if requesting optional insurance

Reminder:

- When completing the questionnaire, you are considered the Individual and the company with whom you have a contract is considered the Principal
- Make sure to send the WSIB the signed questionnaire and the required supporting documentation
- Individuals who have been determined to be independent operators by the WSIB, can apply for Optional Insurance.

Please send your completed questionnaire(s) and all required documents listed above to the WSIB at the address, fax or email indicated at the top of this page. If you require more information or further assistance, you may call (416) 344-1000 or toll free at 1-800-387-0750 Monday to Friday from 7:30 a.m. to 5:00 p.m.

Introduction

The responses below will indicate whether the individual is an independent operator or a worker under the *Workplace Safety & Insurance Act* (the Act).

Workers are entitled to benefits provided by the Act and their employers must pay premiums to the Workplace Safety & Insurance Board (WSIB).

Independent operators may elect to be considered and covered as "workers" under the Act. If they want insurance, they must pay their own premiums.

Company means the firm that hires the individual to operate the retail outlet.

Who should complete this questionnaire?

- Persons who operate retail stores or booths within a department or a grocery store.
- the company (or their respective representative).

After completing the questionnaire, if the responses indicate that the individual is an independent operator, the individual and the company must sign the declaration at the end of the questionnaire to verify that the answers accurately reflect the work relationship and, submit the questionnaire to the Workplace Safety & Insurance Board, Employer Service Centre, 200 Front St. West, Toronto ON M5V 3J1 for confirmation.

The individual and the company may submit separate questionnaires if:

- they disagree about the answers to some or all of the questions, or
- the individual wishes to submit the financial information, required to support the answers in **Part 3**, to the WSIB in confidence.

Part 1

Please fill in the blanks or check the appropriate box.

Please describe the work that the individual does.

| |
|--|
| |
| |
| |
| |
| |

Are the terms of the work relationship stated in a written contract?
If yes, please include a copy of the contract.

Y N

Does the individual have a previous or current WSIB account number?

Y N

If yes, please state the account number.

| |
|--|
| |
|--|

Part 2

Please place an "X" beneath the statement, from each pair of statements below, that best describes the work relationship.

| COLUMN A | COLUMN B |
|---|--|
| <p>Instructions</p> <p>The individual complies with the instructions from the company about how, when and where to operate the store/booth.</p> <input type="checkbox"/> | <p>The individual operates the store/booth in his/her own way and on his/her own work schedule.</p> <input type="checkbox"/> |
| <p>Order or Sequence Set</p> <p>Apart from operating the store/booth, the individual does other work for the company and in the order or sequence set by the company. For example, the individual reports to the company's office and performs tasks at set times.</p> <input type="checkbox"/> | <p>The individual works on his/her own schedule, usually at his/her own place of business and sets his/her own deadlines.</p> <input type="checkbox"/> |
| <p>Training/Supervision/Discipline</p> <p>The individual is trained or supervised by an experienced employee of the company or is required to follow ongoing directions from the company about how to do the work.</p> <input type="checkbox"/> | <p>The individual uses his/her own methods to do the work and receives no training from the company.</p> <input type="checkbox"/> |
| <p>Set Hours of Work</p> <p>The individual is required to be at the store/booth at hours and on days that are set by the company.</p> <input type="checkbox"/> | <p>The individual is not expected to follow the company's instructions about the hours of work.</p> <input type="checkbox"/> |
| <p>Services Rendered Personally</p> <p>The individual needs the company's approval to hire others to operate the store/booth.</p> <input type="checkbox"/> | <p>The individual does not need the company's consent to hire others to operate the store/booth.</p> <input type="checkbox"/> |
| <p>Full Time Required</p> <p>The individual is required to devote his/her full time to the operations of the store/booth; that is, the individual is restricted from working for other companies while working for the store/booth.</p> <input type="checkbox"/> | <p>The individual is free to work when and for whom he/she chooses.</p> <input type="checkbox"/> |
| <p>Serving the General Public</p> <p>The individual does not make his/her services available to the general public except on behalf of the company. The individual collects and pays GST and other applicable taxes on behalf of the company. The individual invoices or provides receipts to customers on behalf of the company. EI, CPP, income tax etc., are deducted from his/her earnings.</p> <input type="checkbox"/> | <p>The individual invoices customers directly. His/her business is listed in business directories. He/she maintains a business telephone and publicly advertises his/her services in the newspaper, or other trade publications. He/she files GST returns and pays other applicable taxes directly. EI, CPP, income tax etc., are not deducted from his/her earnings.</p> <input type="checkbox"/> |

Please state how many boxes in PART 2 you marked in:

COLUMN A _____

COLUMN B _____

Part 3

Please refer to the answers in lists A & B on the following pages, when making the selection for this item.

| COLUMN A | COLUMN B |
|---|---|
| <p>Profit or Loss</p> <p>The decisions (from list B) that the company makes about how, when and where to operate the store or booth, have a greater impact on the individual's opportunity to make a profit or suffer a loss than do the decisions that he/she is permitted to make.</p> <input type="checkbox"/> | <p>The decision (from list B) that the individual makes about how, when and where to operate that store or booth have a greater impact on his/her opportunity to make a profit or suffer a loss than do the decisions that are made by the company.</p> <input type="checkbox"/> |

LIST A : Please indicate what costs are incurred in doing the work, who pays for these expenses and how.

| Costs | The company pays for these items | | The individual pays for these items through an arrangement with the company | | The individual pays for these items on his/her own | |
|--|----------------------------------|--------------|---|--------------|--|--------------|
| | | <i>Value</i> | | <i>Value</i> | | <i>Value</i> |
| purchase/ lease/rent the building | | | | | | |
| purchase/ lease/rent equipment & tools | | | | | | |
| maintenance and repair of equipment | | | | | | |
| insurance | | | | | | |
| applicable licensing fees | | | | | | |
| personnel costs | | | | | | |
| goods to sell | | | | | | |
| others (please specify) | | | | | | |
| Total value of items in each column | | | | | | |
| | \$ | | \$ | | \$ | |

Part 3 (continued)

LIST B : Please indicate what decisions are made in doing the work and who makes these decisions, then rank the impact of these decisions on the individual's earnings (Show 1 for the decision that has the most impact on the individual's earnings and 10 for the decisions that has the least).

| Decision | The company makes or has the right to make decisions about: | OR: The individual makes or has the right to make decisions about: | Rank the impact of these decisions on the individual's earnings (#1 has the most impact on the earnings) |
|--------------------------------------|--|---|---|
| location of store/booth | | | |
| equipment to use | | | |
| arrangement of store/booth | | | |
| what and how many goods to purchase | | | |
| selling price of goods | | | |
| inventory | | | |
| selection and retention of personnel | | | |
| advertising | | | |
| customer service and satisfaction | | | |
| others (please specify) | | | |

Part 4

Please place an "X" in the bracket beneath the statement, from each pair of statements below, that best describes the work relationship.

| COLUMN A | COLUMN B |
|---|---|
| <p>Working for More than One Company at a Time The individual usually works for one company at a time.</p> <input type="checkbox"/> | <p>The individual works for more than one company at a time.</p> <input type="checkbox"/> |
| <p>Licences The company holds the licences that are required to operate the store/booth.</p> <input type="checkbox"/> | <p>The individual holds the licences that are required to operate the store/booth</p> <input type="checkbox"/> |
| <p>Continuing Relationship The individual works for the same company continuously (year after year).</p> <input type="checkbox"/> | <p>There is no continuous relationship between the individual and the company.</p> <input type="checkbox"/> |
| <p>Hiring, Supervising and Paying Assistants If the individual hires, supervises and pays employees, this is done at the direction of the company. The individual acts as a supervisor or representative of the company.</p> <input type="checkbox"/> | <p>If employees are hired, supervised, trained and paid, this is done as the result of a contract under which the individual has agreed to provide materials and labour and is responsible for the results.</p> <input type="checkbox"/> |
| <p>Right to Terminate The work relationship can end at any time and neither the company nor the individual is subject to legal penalties for breach of contract.</p> <input type="checkbox"/> | <p>The individual agrees to complete a specific job and is responsible for the satisfactory completion or may be subject to legal penalties for breach of contract.</p> <input type="checkbox"/> |
| <p>Union Agreement The relationship is governed by the terms of a collective agreement.</p> <input type="checkbox"/> | <p>The relationship is not governed by the terms of a collective agreement.</p> <input type="checkbox"/> |
| <p>Ruling by Canada Revenue Agency Canada Revenue Agency has made an official ruling that the individual is an employee.</p> <input type="checkbox"/> OR Canada Revenue Agency has not ruled on the individual's status. <input type="checkbox"/> | <p>Canada Revenue Agency Taxation has made an official ruling that the individual is an independent operator.</p> <input type="checkbox"/> This is done using the form entitled "Request for a ruling as to the status of a worker under the Canada Pension Plan or Employment Insurance Act". Please provide a copy of this ruling. <input type="checkbox"/> |
| <p>Doing Work on Company's Premises The individual works on premises that are owned or controlled by the company.</p> <input type="checkbox"/> | <p>The individual is responsible for finding suitable premises from which to operate the store.</p> <input type="checkbox"/> |
| <p>Manner of Payment The individual is paid by the company in regular amounts and at regular intervals.</p> <input type="checkbox"/> | <p>The individual is paid on a straight commission.</p> <input type="checkbox"/> |

Please state how many boxes in PART 4 you marked in:

COLUMN A

COLUMN B

Part 5

In Part 2, 4 or more boxes are marked in column _____ (A or B)

In Part 3, the mark is placed in the box in column _____ (A or B)

In part 4, 5 or more boxes are marked in column _____ (A or B)

If the answer is "A" 2 or more times in this box, the individual is a **worker** under the Act.

If the answer is "B" 2 or more times in this box, the individual is an **independent operator** under the Act.

Applying for Insurance

If the responses indicate that the individual is an independent operator, the individual:

- must submit the questionnaire and supporting documents to the Workplace Safety & Insurance Board, Employer Service Centre, 200 Front Street West, Toronto ON M5V 3J1 for confirmation.
- and the company(ies) that hire the individual must sign the declaration below. (If some of the responses vary depending on the work relationship that the individual has with each company, submit more than one completed questionnaire with the signature of the appropriate company(ies) below).

Declaration

To the best of my knowledge, information and belief, the information contained in the document is true.

I/we understand that the WSIB reserves the right to audit and verify these responses. If these responses do not truly represent the nature of the working relationship, the WSIB may reverse the determination of status retroactively to the date that the working relationship began.

Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act, 1997*, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.

| Individual's Name (please print) | | Signature | | Date |
|----------------------------------|------------------------------|-------------|-----------|---------------------|
| Address | | | | |
| | | Postal Code | Telephone | FAX |
| | | | | |
| Company(ies) Names | Authorizing Name & Signature | Position | | WSIB Account Number |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If the independent operator wants optional insurance in their own WSIB account, the independent operator must send this entire form along with the completed "**Optional Insurance Request**" form which is enclosed, to the WSIB. Optional insurance becomes effective on the date the signed request for optional insurance is received by the WSIB.

Does the owner-operator have a previous or current WSIB account number?

Y

N

If yes, please state the account number.

Contact Information

Business Hours:
7:30 a.m. -- 5:00 p.m.,
Monday to Friday.

Head Office
Simcoe Place
200 Front Street West
Toronto ON M5V 3J1

Telephone
(416) 344-1000
Toll-Free
1-800-387-0750

Teletypewriter (TTY)
1-800-387-0050

Fax
(416) 344-4684
Toll-Free
1-888-313-7373

Internet
e-mail address:
employeraccounts@wsib.on.ca

Web site address:
www.wsib.on.ca

| Other Services | Telephone | Fax |
|-----------------------|----------------------------------|----------------------------------|
| Clearances | (416) 344-1000 1-800-387-0750 | (416) 344-4684 1-888-313-7373 |
| eServices Support | (416) 344-4122 1-888-243-1569 | |

Register now for 24/7 online access to a range of WSIB services.

It's so easy to register for our eServices. Just visit our website at www.wsib.on.ca and set up an eServices account.

Once you are on our website, all you need to do is enter your contact information, select a User ID and answer security questions. We'll send you an email notification for your confirmation and you'll be ready to log on and use our eServices to calculate and submit premiums, report injuries and track your claim frequency and costs online, 24/7!



Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

200 Front Street West
Toronto ON M5V 3J1
200, rue Front Ouest
Toronto ON M5V 3J1

Optional Insurance Request/Change

| | |
|---|----------|
| Please complete this section in full except where there is preprinted information. | |
| Account No. | Firm No. |
| Date | |
| Telephone Enquiry Number (416) 344-1000 1-800-387-0750 | |

If you are **requesting** optional insurance or **changing** the amount of existing optional insurance, please:

- complete the sections **A** and **B** (for new requests) or **C** (for changes)
- provide proof of earnings (see below)
- have the applicant review and sign the Optional Insurance Declaration (attached)
- have the Owner's Certification completed and signed (attached)

Individuals who are canceling their optional coverage must complete section **D**, or forward their request in writing to their local WSIB office. The WSIB accepts the following documents as **proof of earnings**, issued by the owner or authorized officer responsible for this account.

For Executive Officers

- T4s and T4As or any other document submitted to Canada Revenue Agency (CRA) to report earnings.

For Independent Operators, Sole Proprietors and Partners

- Audited financial statements prepared by a professionally designated accountant
- Income tax returns with supportive income statements (T1, T2125, T2032, etc.) or other documents submitted to Canada Revenue Agency to report business income to CRA.

If the applicant's company has been in business for **less than one (1) year**, the amount of coverage for premium and benefit purposes is set at 1/3 of the annual maximum insurable earnings.

If the applicant's company has been in business for **more than one (1) year**, the amount of coverage for premium and benefit purposes must accurately reflect the applicant's actual annual earnings, as supported by documents listed above.

Coverage will not be provided if your operation shows a **net business loss**.

Loss of earnings benefits are not paid if your operation shows a **net business loss**, despite active optional insurance.

If the level of earnings cannot be substantiated, the WSIB may deny the request for optional insurance.

The WSIB may deny coverage (or coverage renewal) or cancel coverage in the absence of acceptable proof of earnings.

Any change to the amount of optional insurance will take effect on the date the signed request and satisfactory proof of earnings are received by the WSIB.

The WSIB may require prepayment for optional insurance premiums.

If the applicant is paid benefits at an amount that is lower than the amount of optional insurance, the amount of optional insurance will not be retroactively adjusted.

If you have any questions or require more information, please call the WSIB at the telephone number listed at the top of this form.

| | | | | | |
|---|---------------------|--|---------------|--|-----------------------------------|
| A. This section must be completed. | | | | | |
| First Name | | Middle Name | | Last Name | |
| Date of Birth (e.g. 01JAN1994) | | Title/Position with Company | | | |
| Home Address (This address must be a physical address, not a box number or general delivery) | | | | City | |
| Province | Postal Code | Area Code | Telephone No. | Date Business Commenced (e.g. 01JAN1996) | |
| B. Complete only if the applicant is requesting new optional insurance. | | | | | |
| Amount of Coverage Requested \$ | | Today's Date (e.g. 01JAN1996) dd mmm yyyy | | Applicant's Signature (must be signed) | |
| C. Complete only if the applicant is requesting a change in the amount of existing optional insurance. | | | | | |
| Revised Coverage Amount Requested \$ | | Today's Date (e.g. 01JAN1996) dd mmm yyyy | | Applicant's Signature (must be signed) | |
| D. Complete only if the applicant is canceling existing optional insurance. | | | | | |
| Name | Today's Date | Signature (must be signed) | Name | Today's Date | Signature (must be signed) |
| | | | | | |
| | | | | | |

Optional Insurance Declaration

Please read the following information carefully. It explains how Optional Insurance changes your status under the *Workplace Safety & Insurance Act* (referred to here as "the Act").

I understand that:

1. Owners, partners, executive officers and independent operators are not automatically entitled to benefits under the Act, unless they are included in compulsory coverage in the construction industry.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB compulsory coverage.
3. I must have optional insurance for a minimum of three (3) consecutive months.
4. With optional insurance, I am entitled to all benefits due to a worker.
5. I am giving up my right to sue workers and employers whose industries are covered under Schedule 1 of the Act for damages sustained in a workplace injury.
6. I must send the WSIB proof of earnings when first requesting optional insurance.
7. If my earnings level changes, I must send the WSIB a signed request to revise the amount of insurance coverage, along with proof of earnings.
8. The WSIB may deny my request for coverage if I do not provide proof of earnings.
9. The WSIB may request proof of earnings at any time.
10. The WSIB may adjust the amount of optional insurance that I request.
11. My optional insurance will continue beyond the minimum three (3) months until either the WSIB or I cancel the insurance.
12. If I have a workplace injury, my optional insurance will remain in effect until I notify the WSIB, in writing, that I wish to cancel it or that my status has changed to compulsorily covered.
13. If I have a workplace injury, my earnings at the time of my injury will be compared to the amount of my optional insurance. The WSIB will base benefits on whichever is the lower amount - my earnings or my optional insurance coverage.
14. If I am paid benefits at an amount that is lower than the amount of my optional insurance, the amount of my optional insurance will not be retroactively adjusted.
15. The WSIB may cancel or deny renewal of my optional insurance if the employer paying for it is in arrears, or the WSIB determines I am compulsorily covered under the Act. If any premium is owing on my optional insurance, the amount of the unpaid premium may be deducted from my benefits.
16. The effective date for new optional insurance requests, changes to or cancellations of optional insurance will either be the date that the completed form 1574A is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am compulsorily covered, the effective date of changes to, or cancellation of, my optional insurance may be made retroactively.

| | | |
|------------------|-----------------------|--------------------|
| Applicant's Name | Applicant's Signature | Date (dd/mmm/yyyy) |
|------------------|-----------------------|--------------------|

Owner's Certification

I hereby certify that I am an owner (or authorized officer) responsible for this account. I also certify that the amount of optional insurance requested accurately represents the earnings of the applicant.

I acknowledge that the accident costs associated with any work-related injuries for the applicant will be applied to the accident record for this account.

Personal information on this form is collected under the authority of the *Workplace Safety & Insurance Act, 1997*, and may be used to register/determine your status for coverage and to administer and enforce the Act. If you have any questions, please call 1-800-387-0750.

| | | |
|-------------------------------------|------------------|------------------------------|
| Name of Owner or Authorized Officer | Title | |
| Signature | Telephone Number | Date Completed (dd/mmm/yyyy) |

For Office Use Only:

| | | | |
|---|--------------------|--------------------------|------------------------------|
| WSIB Representative | Date (dd/mmm/yyyy) | Amount of Coverage \$ | Effective Date (dd/mmm/yyyy) |
| <input type="checkbox"/> Proof of earnings received <input type="checkbox"/> Proof of eligibility received <input type="checkbox"/> Actual earnings used <input type="checkbox"/> 1/3 of maximum insurable earnings used | | | |