

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

Your 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.

Principal means the company that hires the individual to cut or prepare logs.

Who should complete this questionnaire?

- Persons who cut logs or operate equipment in woodland operations
- the principal (or their respective representative).

After completing the questionnaire, if the responses indicate that the individual is an independent operator, the individual and the principal 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, Ontario 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.

Please state what equipment and vehicles the individual owns, rents or leases to work in woodland operations.

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.

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Part 2

Please place an "X" in the boxes beneath the statement, from each pair of statements below, which *best describes* your work relationship.

Column A	Column B
<p>Instructions The principal decides what type and size of timber the individual will cut (beyond the conditions set by the licence).</p> <p><input type="checkbox"/></p>	<p>The individual decides on his/her own what type and size of timber to cut.</p> <p><input type="checkbox"/></p>
<p>Order of Work The individual is required to follow the same safe working practices and procedures as those prescribed by the principal for other workers.</p> <p><input type="checkbox"/></p>	<p>The individual is not required to follow the principal's rules about safe working practices.</p> <p><input type="checkbox"/></p>
<p>Licences To cut in the area that the individual works in, the principal has:</p> <p>_____ A sustainable forest licence _____ A forest resource licence _____ An overlapping licence _____ A salvage licence</p> <p><input type="checkbox"/></p>	<p>To cut in the area that the individual works in, he/she has:</p> <p>_____ A forest resource licence _____ An overlapping licence _____ A salvage licence</p> <p><input type="checkbox"/></p>
<p>Union agreement The relationship with the principal is governed by the terms of a collective or union agreement.</p> <p><input type="checkbox"/></p>	<p>The relationship with the principal is not governed by the terms of a collective or union agreement.</p> <p><input type="checkbox"/></p>
<p>Ruling by Canada Revenue Agency Canada Revenue Agency has made an official ruling that the individual is an employee.</p> <p><input type="checkbox"/></p> <p>OR Canada Revenue Agency has not ruled on the individual's status.</p> <p><input type="checkbox"/></p>	<p>Canada Revenue Agency has ruled that the individual is independent. 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 include a copy of this ruling.</p> <p><input type="checkbox"/></p>
<p>Method of Payment The principal decides how much to pay the individual for the work or the individual is paid according to a standard pay or rate scale (for the type of equipment and services supplied.)</p> <p><input type="checkbox"/></p>	<p>The individual negotiates the amount and manner in which to be paid by the principal and is not paid according to a standard pay or rate scale.</p> <p><input type="checkbox"/></p>

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 The individual pays for less than 80% (in dollars per month) of the items that are used in doing the work, <i>OR</i></p> <p>The individual buys 20% (in dollars per month) or more of these items from the principal or an agency controlled or selected by the principal, <i>OR</i></p> <p>The decisions (from list B) that the principal makes has a greater impact on the individual's earnings than the decisions that he/she makes.</p> <p><input type="checkbox"/></p>	<p>The individual pays for 80% (in dollars per month) or more of the items that are used in doing the work, <i>AND</i></p> <p>The individual buys less than 20% (in dollars per month) of these items from the principal or an agency controlled or selected by the principal, <i>AND</i></p> <p>The decisions that the individual makes has a greater impact on his/her earnings than do the decisions that the principal makes.</p> <p><input type="checkbox"/></p>

LIST A: Please indicate what costs are incurred in doing the work, who pays for these items and the approximate value or cost of each item.

Items	The principal pays for these items		The individual buys these items from or pays for those items through an arrangement with the principal		The individual pays for these items without assistance from the principal	
		Value		Value		Value
Equipment that is used						
Equipment insurance						
Maintenance of equipment						
Vehicle licensing fees						
Maintenance of the vehicle						
Fuel & travelling expenses (e.g. room, board, moving equipment)						
Supplies (i.e. invoices, telephone)						
Others (please specify)						

Total value of items in each column

\$	\$	\$
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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 profit (show 1 for the decision that has the most impact on the individual's profit and 9 for the decision that has the least).

Decision	The principal makes decisions about:	The individual makes decisions about/negotiates:	Rank the impact of these decisions on the individual's profits (#1 has the most impact on the profit)
Pay for the work			
Tools to use			
Equipment to use			
Maintenance of tools & equipment			
When to start work			
Where to work within the principal's licence			
Whether to hire helpers			
How much to pay helpers			
Others (please specify)			

Part 4

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

Column A	Column B
<p>Serving General Public</p> <p>The individual does not make his/her services available to the general public except on behalf of the principal. The individual collects and/or pays GST for the principal or EI, CPP or income tax are deducted from his/her pay.</p> <p><input type="checkbox"/></p>	<p>The individual can sell the logs to other purchasers for the best price possible. The individual publicly advertises his/her services in the newspaper, or other trade publications; files GST returns on his/her own behalf and no EI, CPP personally or income tax is deducted from his/her pay.</p> <p><input type="checkbox"/></p>
<p>Services Rendered Personally</p> <p>The individual needs the principal's approval to hire others to do the work.</p> <p><input type="checkbox"/></p>	<p>The individual does not need the principal's approval to hire others to do the work.</p> <p><input type="checkbox"/></p>

Column A	Column B
<p>Set Hours of Work</p> <p>The principal schedules the cutting and skidding or other woodland operations and sets the date on which the woodland operations may begin and the duration of the project.</p> <p><input type="checkbox"/></p>	<p>The individual schedules and does the work in his/her own way.</p> <p><input type="checkbox"/></p>
<p>Full-Time Required</p> <p>The individual works full-time only for the principal. He/she is restricted from working for other principals once granted a contract.</p> <p><input type="checkbox"/></p>	<p>The individual is free to work when and for whom he/she chooses.</p> <p><input type="checkbox"/></p>
<p>Working for More than One Principal at a Time</p> <p>The individual usually works for one principal at a time.</p> <p><input type="checkbox"/></p>	<p>The individual works for more than one principal at a time.</p> <p><input type="checkbox"/></p>
<p>Continuing Relationship</p> <p>The individual works for the same principal continuously (year after year).</p> <p><input type="checkbox"/></p>	<p>There is no continuous relationship between the individual and the principal.</p> <p><input type="checkbox"/></p>
<p>Right to Terminate</p> <p>The individual or the principal can end the work relationship at any time without penalty for breach of contract.</p> <p><input type="checkbox"/></p>	<p>The individual agrees to complete a specific job and is responsible for its satisfactory completion or would be subject to legal penalties for breach of contract.</p> <p><input type="checkbox"/></p>
<p>Hiring Others</p> <p>If the individual hires, supervises or pays helpers, he/she does so as directed by the principal.</p> <p>OR</p> <p>The principal pays the helpers directly and has the recorded earnings records of the individual's helpers.</p> <p><input type="checkbox"/></p>	<p>The individual files an income tax return claiming the amounts paid to all helpers that he/she hires as expenses against his/her income.</p> <p><input type="checkbox"/></p>
<p>Continuing Need for Service</p> <p>The combined hours of work of all persons (including the individual) who provides the same type of service that the individual provides for the principal equals 40 hours/month or more (on average in a year).</p> <p><input type="checkbox"/></p>	<p>The combined hours of work of all persons who provides the same type of service that the individual provides for the principal is less than 40 hours/month (on average in a year).</p> <p><input type="checkbox"/></p>

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 B

In **Part 3**, the box is marked in column:

A B

In **Part 4**, 5 or more boxes are marked in column:

A B

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

If the answer is "B" 2 or more times in the box above, 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 applicable supporting documents to the Workplace Safety & Insurance Board, Employer Service Centre, 200 Front St. West, Toronto, Ontario M5V 3J1 for confirmation.
- and the principal(s) must sign the declaration below. (If some of the responses vary depending on the principal that the individual does business with, submit more than one completed questionnaire with the signature of the appropriate principal(s)).

Declaration

To the best of my knowledge, information and belief, the information contained in this 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 (print please)		Signature		Date
Address				
	Postal Code	Telephone Number	FAX Number	

Principal(s) Name(s)	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

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)
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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			