

Account Number	Firm Number
Employer's Legal Name (Legal Entity)	
Telephone Enquiry Number <b>416-344-1000 or 1-800-387-0750 / TTY: 1-800-387-0050</b>	

Under the *Workplace Safety and Insurance Act, 1997 (WSIA)*, compulsory coverage extends to independent operators, sole proprietors, partners and executive officers in the construction industry, with certain exemptions.

### Criteria for Exemption

- The individual must be a partner or executive officer and only applies to one partner of a partnership, one executive officer of a corporation with workers, or one executive officer of a corporation without workers but with multiple executive officers (this exemption would not apply to an independent operator or sole proprietor); and
- The partner or executive officer does not perform any construction work; and
- The partner or executive officer and an authorized employer representative must complete and file the Declaration form on page 2 with the WSIB.

**Construction means** any of the industries listed under Class G construction of the WSIB Employer Classification Manual.

**Construction work** refers to any manual work of a skilled or unskilled nature, the operation of equipment or machinery, or the direct on-site supervision of workers. Periodic site visits are permitted provided the partners or executive officers are not performing construction work on the site

### Executive Officer Status

Common titles of an Executive Officer for a company are President, Vice-President, Chief Operating Officer, Secretary/Treasurer (among other names for officers). To determine if an individual is an executive officer of a corporation, the WSIB considers if the individual's name is recorded in the employer's minutes book as officer/director, and if their status can be verified by the WSIB by reviewing resolutions by the board of directors, corporate by-laws, or public records filed with other government authorities.

Also, the WSIB may also examine the substance of the relationship between the individual and the employer including their role, responsibilities and duties. For substance, the WSIB considers if the individual:

- has been delegated the authority to act independently on behalf of the organization
- is wholly or partially responsible for the overall direction and control of the organization's operations or financial affairs
- exercises a broad scope of authority to make decisions or formulate policies for the organization as a whole, rather than authority that is strictly limited to a specific branch or division
- has the ability to bind the organization

Where the title of the individual or corporate documentation conflicts with the substance of the relationship between the individual and the employer, the WSIB determines whether an individual is considered an executive officer based on the substance of the relationship. The WSIB reserves the right to determine who is an executive officer.

### Important Consideration - Material Change

The individual, whose declaration for exemption is approved, is no longer covered under the *Workplace Safety and Insurance Act, 1997 (WSIA)*. If the individual performs construction work, the WSIB must be advised within 10 days of this material change, and this exemption will no longer be valid. The partner or executive officer is subject to compulsory coverage as of the date the partner or executive officer begins to perform construction work and their earnings must be reported as of that date. It is an offence to fail to report a material change or deliberately make false statements to the WSIB.

### How to Request an Exemption

To request this exemption please print this form; complete page 2; and send it to the WSIB for approval.

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## Declaration for Exemption from Compulsory Coverage in Construction

**Please read the following information carefully before completing the form. It explains how exemption from compulsory coverage changes your status under the *Workplace Safety and Insurance Act, 1997 (WSIA)*.**

### Partner or Executive Officer Requesting Exemption

I certify that I do not perform any construction work as defined on page 1; that I am a partner or executive officer; that this declaration form is being filed to exempt me from WSIB coverage; and the information provided below is true.

I am aware and understand that:

1. I am voluntarily requesting an exemption from compulsory WSIB coverage.
2. Once exempted from coverage and while the exemption is in effect, and I am eligible for the exemption, I will not be considered a worker for WSIB purposes therefore I will not be eligible for benefits under the WSIA, in the event of a work-related injury or occupational disease arising out of and in the course of employment.

### Partner or Executive Officer Requesting Exemption (COMPLETE ALL SECTIONS BELOW)

By signing this declaration form, I confirm that I am eligible for the exemption and I wish to be exempt from coverage under the *Workplace Safety and Insurance Act, 1997(WSIA)*.

First Name (print)	Last Name (print)	Title (print)
Signature	Telephone	Date Completed (dd/mm/yyyy)

The individual who signed above, and the authorized representative of the partnership or corporation who signed below, are aware and understand that:

3. If the above partner or executive officer engages in any construction work, or there is a material change in circumstances in connection with this exemption, the individual, partnership or corporation must notify the WSIB within 10 days. See the "Important Consideration - Material Change" section on page 1 for details.
4. The WSIB has the right to determine if the individual qualifies as a partner or executive officer, and meets the criteria for exemption. The WSIB may request proof of ownership or executive officer status at any time.
5. If the WSIB discovers the above individual did not qualify for the exemption, a premium adjustment may be made to the employer's account.
6. The partnership or corporation is required to report the insurable earnings and pay premiums on for all non-exempt partners or executive officers.
7. It is an offence to knowingly make a false or misleading statement or representation in this declaration for exemption or in connection with this declaration for exemption.
8. The exemption takes effect the day the declaration is received by the WSIB unless the above individual had a previously approved Partner or Executive Officer exemption with this employer. Then the effective date will be no earlier than 3 months from the date they were last were in compulsory coverage. In which case, the individual and their employer will receive confirmation from the WSIB that the exemption has been approved and the effective date.
9. The exemption remains in effect until the WSIB receives a written request to cancel it.

### Authorized Representative of Employer (COMPLETE ALL SECTIONS BELOW)

By signing this declaration form I certify that the above partner or executive officer meets the criteria for this exemption from coverage.

Is this declaration form being completed to change a previously exempted partner or executive officer?		<input type="checkbox"/> yes	<input type="checkbox"/> no
First Name (print)	Last Name (print)	Title (print)	
Signature	Telephone	Date Completed (dd/mm/yyyy)	

Personal information on this form is collected under the authority of the WSIA to administer and enforce the WSIA. If you have any questions, please call 416-344-1000 or 1-800-387-0750.