

Schedule 1 Account No.:

**To transfer operations to Schedule 2 of the Workplace Safety and Insurance Act (the Act)**

The undersigned requests the Workplace Safety and Insurance Board (WSIB), pursuant to Section 74 of the Act to have:

\_\_\_\_\_ of  
(Name of operation and description)

\_\_\_\_\_  
(Legal name)

transferred to Schedule 2.

We request that our previous Schedule 2 file, firm # \_\_\_\_\_ be reinstated for our transfer to Schedule 2.

If a previous Schedule 2 file does not exist, then a new Schedule 2 file will be established for our transfer to Schedule 2.

We enclose our certified cheque of \$ \_\_\_\_\_ to effect the transfer.

Our certified cheque reflects payment of the provisional departure premium.

The effective date of our transfer will follow the acceptance of this request.

**Obligations and Understanding as a Schedule 2 Employer:**

1. The provisional departure premium will be adjusted to a final value after the release of the financial information for the year of transfer.
2. We are responsible for the payment of the difference, if any, between the provisional and final departure premium.
3. Future re-entry to Schedule 1 does not void past departure premium calculations and/or payments.
4. We will maintain sufficient funds on our account to ensure the prompt payment of workers' benefits, physician and administration fees.
5. Where there are insufficient funds on our account, interest will be charged daily on any shortfall balance. Conversely, when we have excess funds on our account, interest will be paid daily.
6. We will pay all charges posted to our account. We will be billed for:
  - Benefit payments made to our workers, and
  - Physician and administration fees, including any applicable penalties and interest.
7. We will receive a Covered by Advances (CBA) notice of any payments that we may make to an injured worker on behalf of the WSIB.
8. We will continue to pay for benefit costs, physician and administration fees, even if we:
  - Appeal the benefit costs of the claim
  - Cease to operate as a Schedule 2 employer or
  - Transfer back to the Schedule 1 collective liability system.
9. The WSIB will inform us of the estimated future benefit cost and administration fees for our organization on an annual basis. If the WSIB requires our organization to provide financial security, it will be in the form of an irrevocable Letter of Credit, acceptable to the WSIB for the amounts that may become due in the future.
10. The WSIB will not transfer claims from one file to another if we have multiple Schedule 2 files.
11. The WSIB will review our organization for compliance before issuing any refunds, clearance certificates, purchase certificates, writs of seizure and sale, or any other requested documentation.

## Schedule Transfer Request

Schedule 1 Account No.:

### To transfer operations to Schedule 2 of the Workplace Safety and Insurance Act (the Act)

The signature of the Authorized Officer reflects our acceptance of the "Obligations and Understanding as a Schedule 2 Employer".

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Title of Authorized Officer

\_\_\_\_\_  
(Date)

Acceptance of this application is contingent upon compliance with the WSIB's policies and all the requirements of the Act and its Regulations.

### Space Below for WSIB Use Only

Approved by:

\_\_\_\_\_  
Director, Government Services Sector

\_\_\_\_\_  
Effective Date of Transfer