

Complete the determining worker/independent operator status – courier, 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 need to submit to the Workplace Safety and Insurance Board (WSIB)?

1. A 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. Three to five copies of 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. 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
5. If available, advertising material such as business cards, flyers or website address
6. If applicable, a copy of the HST number

If you are requesting optional insurance, please include a completed Optional insurance request/change form along with proof of earnings.

Please send your completed questionnaire and supporting documents to us by:

Email: employeraccounts@wsib.on.ca

Mail: 200 Front Street West, Toronto, ON M5V 3J1

If you require more information or further assistance, you can call us at 416-344-1000 or toll free at 1-800-387-0750 from Monday to Friday from 7:30 a.m. to 5:00 p.m

Reminder:

- When completing the questionnaire, you are considered the individual and the company for 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.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

200 Front Street West, Toronto, Ontario, M5V 3J1

Toll free: 1-800-387-0750 | **TTY:** 1-800-387-0050 | **Fax:** 1-888-313-7373 | wsib.ca

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Who should complete this questionnaire?

- Individual who drives a vehicle to pick up and deliver packages, parcels or letters
- the hiring company or their respective representatives

Please note: Couriers who collect or deliver on foot or by bicycle are considered workers and should not complete this questionnaire.

After completing part 2 of this questionnaire, if the responses indicate that the individual is an independent operator, the individual and the company must sign the questionnaire on page 2 to verify that the statements reflect the work relationship.

The individual and the company may submit separate questionnaires if:

- they disagree with the answers to some or all of the questions

Key terms

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

Independent operators can choose to apply for coverage as “workers” under the WSIA. If they want insurance, they must pay their own premiums. The independent operator may request optional insurance and the establishment of their own WSIB account.

Company is the business that hires and pays the individual to pick up and deliver packages, parcels or letters.

Part 1

Describe the work that the individual performs?

State what equipment and vehicle the individual owns, rents or leases which is required to courier packages, parcels or letters (i.e. car, van, two-way radio, pager, cellular phone).

Does the individual hire any help?	yes	no
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Does the individual have a previous or current WSIB account number?	yes	no
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If yes, please provide this number.

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

Part 2

Individuals will be treated as independent operators, for workplace safety and insurance purposes only, if they meet **all** the following five criteria:

1. The contractor and the individual state that the relationship is one of contract for service and not that of employer and employee and the individual does not use the company's name except for licensing purposes or statutory requirements on any vehicle. For security purposes, removable photo identification is acceptable.
2. The individual pays for the vehicle and more than 50 per cent of the operating expenses (e.g. gas, maintenance, insurance, license, pager, cellular phone, parking tickets, towing).
3. The company does not control the individual's operation except in deciding what pickups and deliveries are offered and what shippers' instructions are being passed by the company.
4. The individual is free to perform pickups or deliveries for any other party at any time and is free to set their own work schedule.
5. The principal does not issue a Canada Revenue Agency T4 statement to the individual.

I/we understand that the WSIB reserves the right to verify that the work relationship contains all of the features listed above. If the work relationship does not have all of these features, the WSIB will reverse the determination of status retroactively to the date that the 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 (dd/mmm/yyyy)
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Address

City	Province	Postal code	Telephone
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Company name	Authorizing name and signature	Position	WSIB account number

