

Complete the determining worker/independent operator status – logging, 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 | wsib.ca

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Who should complete this questionnaire?

- individuals 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.

The individual and the principal can also submit separate questionnaires if:

- they disagree about the answers to some or all of the questions
- the individual wishes to submit the financial information in confidence

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 may elect to be considered and covered as “workers” under the WSIA. If they want insurance, they must pay their own premiums.

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

Part 1

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.	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	
Please place a checkmark (✓) beneath the statement that best describes the work relationship for each heading.	
Column A	Column B
<p>Instructions</p> <p>The principal decides what type and size of timber the individual will cut (beyond the conditions set by the licence).</p>	<p>The individual decides on their own what type and size of timber to cut.</p>
<p>Order of work</p> <p>The individual is required to follow the same safe working practices and procedures as those prescribed by the principal for other workers.</p>	<p>The individual is not required to follow the principal's rules about safe working practices.</p>
<p>Licences</p> <p>To cut in the area that the individual works in, the principal has:</p> <ul style="list-style-type: none"> a sustainable forest licence a forest resource licence an overlapping licence a salvage licence 	<p>To cut in the area that the individual works in, they have:</p> <ul style="list-style-type: none"> a forest resource licence an overlapping licence a salvage licence
<p>Union agreement</p> <p>The relationship with the principal is governed by the terms of a collective or union agreement.</p>	<p>The relationship with the principal is not governed by the terms of a collective or union agreement.</p>
<p>Ruling by Canada Revenue Agency</p> <p>Canada Revenue Agency has made an official ruling that the individual is an employee.</p> <p>OR</p> <p>Canada Revenue Agency has not ruled on the individual's status.</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>Method of payment</p> <p>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>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>

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 and B on the following pages, when making the selection for this item.

Column A	Column B
<p>Profit or loss</p> <p>The individual pays for less than 80 per cent (in dollars per month) of the items that are used in doing the work, OR The individual buys 20 per cent (in dollars per month) or more of these items from the principal or an agency controlled or selected by the principal, OR The decisions (from list B) that the principal makes has a greater impact on the individual's earnings than the decisions that they make.</p>	<p>The individual pays for 80 per cent (in dollars per month) or more of the items that are used in doing the work, AND The individual buys less than 20 per cent (in dollars per month) of these items from the principal or an agency controlled or selected by the principal, AND The decisions that the individual makes has a greater impact on their earnings than do the decisions that the principal makes.</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 and travelling expenses (e.g. room, board, moving equipment)						
Supplies (i.e. invoices, telephone)						
Others (please specify)						
Total value of items in each column						

List B: Please indicate who makes the following decisions and rank the impact of these decisions on the individual's profits. One represents the highest impact on the individual's profits and nine the lowest impact on individual's earnings.

Decision	The principal makes or has the right to make decisions about:	The individual makes decisions about/negotiates:	Rank the impact of these decisions on the individual's profits
Pay for the work			
Tools to use			
Equipment to use			
Maintenance of tools and 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 a checkmark (✓) beneath the statement that best describes the work relationship for each heading.

Column A	Column B
<p>Serving general public</p> <p>The individual does not make their 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>The individual can sell the logs to other purchasers for the best price possible. The individual publicly advertises their services in the newspaper, or other trade publications; files GST returns on their own behalf and no EI, CPP personally or income tax is deducted from their pay.</p>
<p>Services rendered personally</p> <p>The individual needs the principal's approval to hire others to do the work.</p>	<p>The individual does not need the principal's approval to hire others to do the work.</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>The individual schedules and does the work in their own way.</p>
<p>Full-time required</p> <p>The individual works full-time only for the principal. They are restricted from working for other principals once granted a contract.</p>	<p>The individual is free to work when and for whom they choose.</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>The individual works for more than one principal at a time.</p>
<p>Continuing relationship</p> <p>The individual works for the same principal continuously (year after year).</p>	<p>There is no continuous relationship between the individual and the principal.</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>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>Hiring others</p> <p>If the individual hires, supervises or pays helpers, they do 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>The individual files an income tax return claiming the amounts paid to all helpers that they hire as expenses against their income.</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>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>

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

Column A

Column B

Part 5

In **Part 2**, four or more boxes are marked in column A B

In **Part 3**, the mark is placed in the box in column A B

In **Part 4**, five or more boxes are marked in column A B

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

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

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 reserve 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 (dd/mmm/yyyy)
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Address

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

Request for optional insurance (to be completed only if optional insurance is required)

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 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? yes no

If yes, please provide the account number.

Please complete this section in full except where there is preprinted information.	
Account number	Firm number
Date (dd/mmm/yyyy)	
WSIB contact information 416-344-1000 1-800-387-0750	

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

- complete sections **A** and **B** for new requests or **A** and **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 CRA to report business income
- If the applicant's company has been in business for **less than one 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 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.

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

Section A			
First name	Middle name	Last name	
Date of birth (dd/mmm/yyyy)	Title/position with company		
Home address (This address must be a physical address, not a box number or general delivery)			City
Province	Postal code	Telephone	Date business commenced (dd/mmm/yyyy)

Section B. Complete if requesting new optional insurance		
Amount of coverage requested	Today's date (dd/mmm/yyyy)	Applicant's signature

Section C. Complete if requesting a change in the amount of existing optional insurance		
Revised coverage amount requested	Today's date (dd/mmm/yyyy)	Applicant's signature

Section D. Complete if canceling existing optional insurance					
Name	Today's date	Signature	Name	Today's date	Signature

Optional insurance declaration

Please read the following information carefully. It explains how optional insurance changes your status under the *Workplace Safety & Insurance Act* (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 mandatory 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 mandatory coverage.
3. I must have optional insurance for a minimum of three 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 businesses 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 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 mandatorily 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 business paying for it has amounts owing, or the WSIB determines I am mandatorily 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 optional insurance request/change form is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am mandatorily 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 Act, 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	Date completed (dd/mmm/yyyy)

For office use only:			
WSIB representative	Date (dd/mmm/yyyy)	Amount coverage \$	Effective date (dd/mmm/yyyy)
<input type="checkbox"/> Proof of earnings received	<input type="checkbox"/> Actual earnings used		
<input type="checkbox"/> Proof of eligibility received	<input type="checkbox"/> 1/3 of maximum insurable earnings used		