

Application For Alternative Assessment

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca
Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

EMPLOYER INFORMATION

I/We apply to participate in and pay assessments under the Alternative Assessment Procedure for Interjurisdictional Trucking (AAP) to the Workers Compensation Board (WCB) of Prince Edward Island.

Legal Name:	Trade/Company Name:
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Address:

Contact Person:	WCB Account Number:
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Telephone:	Fax:
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Authority Holder/Principal (specify if more than one):

DESCRIPTION OF OPERATIONS

Please provide a description of your operations by checking the appropriate boxes and enter your WCB account number in that province.

	Workers Travelling In/Through	Workers Residing In	WCB Employer Account Number
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	
Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	
Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	
Northwest Territories	<input type="checkbox"/>	<input type="checkbox"/>	
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	
Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	
Quebec	<input type="checkbox"/>	<input type="checkbox"/>	
Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	

TERMS & CONDITIONS

1. This procedure applies only to interjurisdictional trucking and transport.
2. As the assessing Board, the WCB of PEI will provide a copy of this application to all registering Boards on behalf of the applicant. Additional information will be provided to the registering WCB's upon request.
3. The election to claim benefits from the jurisdiction of residence or the jurisdiction of injury remains unchanged by this procedure.
4. The applicant may NOT opt-out of the procedure part way through a calendar year. However they may opt-out for the following year by providing written notice by October 31st.
5. The applicant is responsible for contacting the workers compensation board or commission in each province or territory in which the applicant's workers live to determine their eligibility requirements.

I agree to abide with the provisions in WCB Policy, POL-142, Interjurisdictional Trucking - Alternative Assessment.

Position/Title:

Authorized Signature:	Date:
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Information on this form is collected for the purposes of administering and enforcing the Workers Compensation Act and is collected under the authority of that Act and the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.