

Please use this form to notify us of any changes in your business status. If you have more than one WCB account, you must complete a separate form for each CRA Business Number.

REMINDER: Coverage under PEI's *Workers Compensation Act (WC Act)* is mandatory for employers who employ one or more workers unless workers or industries are excluded from the WC Act or as noted in POL-19, Employer Registration policy.

SECTION (A) EMPLOYER INFORMATION

Business Name:	Employer Firm #:	CRA Business #:
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SECTION (B) REASON FOR CLOSING EMPLOYER ACCOUNT

1. My business is operating without workers and I am requesting to close my account.
The date operations with workers will end is: Day _____ Month _____ Year _____

2. My business is closing permanently.
The closing date is: Day _____ Month _____ Year _____

3. My business is sold or is in the process of being sold; or I am a sole proprietor and have incorporated my business.
The date of sale/incorporation was/is: Day _____ Month _____ Year _____
Purchaser's name: _____
Address: _____
Telephone: _____
Email: _____

4. I wish to cancel my coverage as I am a non-resident employer and do not intend to have any employees performing work in Prince Edward Island for a period of 10 or more days in this calendar year.

5. I wish to cancel my WCB Optional Coverage.

SECTION (C) FINAL PAYROLL

I understand that coverage is active up to the date the WCB receives this notification, and I must report all assessable payroll up to this date.

My final assessable payroll for **2026** is: \$ _____

Note:

- Registered employers who are residents of Prince Edward Island will pay a minimum assessment of \$50 regardless of actual assessable payroll.
- Registered employers who are non-residents of Prince Edward Island will pay a minimum assessment of \$100 regardless of actual assessable payroll.

SECTION (D) APPLICATION DECLARATION

By submitting this form, I confirm that I have read and understood the content and requirements of this form. I confirm that the information provided is complete and accurate to the best of my knowledge. I understand that it is an offence to provide false or misleading information or to omit relevant information from this form.

_____	_____	_____
Print Name, Title	Signature	Date

Information on this form is collected for the purposes of administrating 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, PO Box 757, Charlottetown, PE C1A 7L7, 902-368-5680, toll-free at 1-800-237-5049 or accessandprivacy@wcb.pe.ca.

Your opinion is important to us. To improve services, the WCB may contract an independent survey company to survey a sample of employers. The WCB does not know which employers will be contacted. If you are contacted, we encourage you to participate. The research company does not share your personal responses with the WCB.