Clear Form

Safety Matters @ Work
Workers Compensation Board of PEI

Application for the Alternative Assessment Procedure (AAP) for Interjurisdictional Trucking and Transport

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EMPLOYER INFORMATION

WCB PEI Account Number:	Start date of interjurisdictional operations:
Legal Name:	Trade/Company Name:
Contact Person:	Position title:
Telephone number (include area code):	Fax number (include area code):
Mailing Address:	Email:

Please check as applicable.	**Workers** drive in or through…	**Workers** live in…	The firm has a **place of business** in…	**Employer number** if you are registered in another jurisdiction.
Alberta	☐	☐	☐	
British Columbia	☐	☐	☐	
Manitoba	☐	☐	☐	
New Brunswick	☐	☐	☐	
Newfoundland and Labrador	☐	☐	☐	
Northwest Territories and Nunavut	☐	☐	☐	
Nova Scotia	☐	☐	☐	
Ontario	☐	☐	☐	
Prince Edward Island	☐	☐	☐	
Québec	☐	☐	☐	
Saskatchewan	☐	☐	☐	
Yukon	☐	☐	☐	

ELIGIBLE INDUSTRIES

Please indicate the industry in which your firm is operating. Check all that apply.

Bulk Liquids Trucking	☐	General Freight Trucking	☐
Couriers, Messengers and Delivery	☐	Specialized Freight Trucking	☐
Dry Bulk Materials Trucking	☐	Used Household and Office Goods Moving	☐
Forest Products Trucking	☐	Other. Please specify.	

DECLARATION

- I am the applicant or its authorized agent. By submitting this application, I confirm that the applicant is seeking to elect the Alternative Assessment Procedure (AAP); is agreeing to assume obligations under the *Workers Compensation Act*; and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm that the information provided is complete and accurate.
- The applicant firm grants authority to the Assessing Board to provide information, including personal information, to Participating Boards which, at the sole discretion of the Assessing Board, is considered necessary for the effective administration of the AAP.
- I agree to abide with the provisions in WCB Policy, POL-142, Interjurisdictional Trucking - Alternative Assessment.

Name of authorized signing authority. Please Print.	Position title:
Signature of authorized signing authority:	Date *(yyyy-mm-dd)*:

NOTE: 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, PO Box 757, Charlottetown, PE C1A 7L7, 902-368-5680 or toll free at 1-800-237-5049.

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.

Summary of Terms and Conditions

1. Once the Alternative Assessment Procedure (AAP) application is accepted by the Workers Compensation Board of PEI (the assessing board), the terms and conditions form part of a legally binding contract.
2. These terms and conditions incorporate by reference the **Interjurisdictional Agreement on Workers' Compensation** (the IJA) and carry the same force and effect as that document.
3. The IJA may be revised from time to time without notice. Once published, those revisions are incorporated into these terms and conditions.
4. If this application is accepted, the firm will pay assessments for each impacted worker to the assessing board in accordance with the AAP. The assessing board will notify the appropriate registering board(s) of its acceptance of the firm for the AAP.
5. If the firm employs workers living in any jurisdiction other than Prince Edward Island, the firm must contact the workers' compensation authority in that jurisdiction to determine whether registration is required and to secure compensation coverage for all eligible workers.
6. A worker's right to claim benefits from the jurisdiction of residence or the jurisdiction of injury is not affected by this procedure.

General information

The AAP forms part of the **Interjurisdictional Agreement on Workers' Compensation** (the IJA), an agreement between all Canadian workers' compensation authorities. Changes to the IJA are made public on the Association of Workers' Compensation Boards of Canada website, www.awcbc.org, where you can also obtain a copy of the IJA.

Each workers' compensation authority in Canada generally requires an out-of-province firm to pay premiums for every worker who travels in or through the province or territory. However, a firm that elects the AAP will pay premiums to the workers' compensation authority in the jurisdiction where a worker lives, provided the worker is eligible for compensation coverage from that jurisdiction for work undertaken anywhere in Canada. Once the AAP has been approved, the assessing board will notify registering boards and a registration will generally be established in each applicable jurisdiction.

Payment and reporting options

A firm engaged in an eligible interjurisdictional industry may choose one of the following options:

1. Report earnings and pay premiums to each workers' compensation authority for work performed in that jurisdiction. In trucking and transportation industries, earnings and premiums are based on a percentage of kilometers driven in each province or territory.
2. Elect the AAP, which allows the firm to report interjurisdictional earnings and pay premiums for a worker to the workers' compensation authority in the jurisdiction where the worker lives.

An employer who chooses the AAP may only use this method of paying assessment premiums for a worker performing work in an included industry and working in more than one jurisdiction. An employer must continue to pay assessments for all other workers in the province or territory where they work.

Participation in the AAP is for a full calendar year and mid-year changes are not allowed. To withdraw from the AAP, a firm must provide written notice to the assessing board and each registering board **before the applicable calendar year begins**. The firm will then be withdrawn from the AAP effective January 1 of the next calendar year.