Clear Form

Safety Matters @ Work
Workers Compensation Board of PEI

MONTHLY ASSESSMENT PAYMENT OPTION

PO Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 wcb.pe.ca
Phone: 902-368-5680 Toll-free: 1-800-237-5049 Fax: 902-368-5705
Email: safetymatters@wcb.pe.ca

Firm Name: _____

Address: _____

City and Province: _____

Postal Code: _____

Account Description:	Firm # / Operation #:
CRA Business Number:	Due Date:

Monthly Remittance Calculation Worksheet

This worksheet has been provided to assist you when completing the Remittance Voucher.

A. Total gross payroll for the period of _____ to _____	
B. Excess wages (see Monthly Assessment Payment Option FAQ)	-
C. Total assessable payroll (A – B) (Include on Remittance Voucher)	=
D. Assessable rate per $100.00	x
E. Premium payable for period (C x D / 100)	=
F. Outstanding Balance as of _____	+
G. Total amount payable (E + F) (Include on Remittance Voucher)	=
(payment is due on or before _____)	
H. Number of employees. Please also include on Remittance Voucher	

Detach here, return Remittance Voucher with your payment and retain top portion for your files.

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MAPO REMITTANCE VOUCHER

Firm Name: _____

Address: _____

City and Province: _____

Postal Code: _____

Firm # / Operation #:

Period Ending:

Year	Month	Day

Total Assessable Payroll	Number of Employees

AMOUNT PAID: _____