

## Question and answer summary

The following questions were asked and answered at or after our 2026 Annual General Meeting (AGM) on June 11, 2026. Questions and answers may be edited for length and/or clarity.

### Questions answered on camera

1. *For workers who qualify for presumptive coverage for a psychological injury, what help can they expect from WCB?*

As we all know, the impacts of a psychological disability can be significant. Our role is to help make sure people can access the care and support they need to recover and return to work and the life they enjoyed before the work-related exposure.

Presumptive coverage is intended to streamline the initial eligibility decision and applies to certain occupations that are set out in legislation. For workers in these roles, WCB will accept that a psychological injury is work-related unless we have information showing it is not.

While this question focuses on those covered under presumptive legislation, psychological injuries can occur in many occupations. Whether the claim is accepted on a presumption or not, once a claim is accepted, we can begin supporting the worker's care needs and determine what benefits apply.

WCB can cover treatment and help coordinate care through a network of providers across Alberta. Given the complexity that can accompany psychological injuries, we also have specialized teams to support these workers through their treatment and recovery.

Our interdisciplinary approach offers a range of supports depending on the worker's needs, which may include assessment, community counselling or therapy and integrated rehabilitation services, like the Traumatic Psychological Injury program. Each care plan is unique and tailored to the individual to support recovery and return to work.

In addition to care plan support, we provide wage replacement and other benefits if the worker needs time off work and we will work closely with the worker and their employer on a safe return-to-work plan.

2. *Given the pressures in the health care system, what is WCB doing to help injured workers get timely and quality medical support for their recovery?*

We recognize that a person's life and work can be significantly disrupted after an injury. We work hard to help people get quick access to care so they can focus on their recovery and return to work and life.

We have excellent relationships and strong partnerships with community providers, including physicians, physiotherapists, psychologists and others, to make sure workers receive the expedited care they require.

One example of these partnerships is with our Occupational Injury Service clinics. These community medical clinics are committed to providing fast access to care and support strong return-to-work plans. Employers can sign up for this service to connect their employees to experienced physicians and treatment teams specialized in occupational medicine.

We also help workers access a range of services sooner. This includes surgical consultations and surgeries through our visiting specialist clinics, expedited diagnostic testing—such as MRIs—and specialist consultations with treating physicians in the community.

This year, we strengthened our provider network by signing a new agreement with the Alberta Medical Association, and by expanding nurse practitioner services across the province to broaden access to assessments and treatment.

In 2025, our goal was to help at least 85% of workers access the treatment and support they needed to be able to return to work within four months of their injury, and we achieved 89% success. This tells us that while health care access can be challenging, our partnerships are making a difference.

We are seeing success and will keep building on what is working, so workers get access to the right care, at the right time.

### *3. How does AI fit into the work that WCB does? Is WCB using it for decision-making purposes?*

We are still in the early days of using AI and machine learning, and we are learning where it can add the most value. We see it as a tool to support our teams and improve how quickly and consistently we can serve workers and employers.

For example, it can help us sort through large volumes of information and flag recovery risks earlier. Tools like the virtual coach help our teams access more complete, accurate information quickly. This reduces manual steps, which frees up more time for our teams to focus on what matters most—connecting directly with clients.

The work we do is always human-led. Our team members make all decisions, using their knowledge and experience to support clients throughout their recovery and return-to-work journey.

As we expand this work, we are strengthening how we use these tools by ensuring clear governance is in place and focusing on responsible, ethical use. We continue to refine our

data governance and information management practices to reinforce effective oversight.

With the right safeguards in place, we are looking forward to the opportunities these tools create to improve how we support clients and enhance their overall service experience.

4. *With high costs and ongoing economic uncertainty, employers need predictability to budget and plan. What level of premium rate stability can employers reasonably expect over the next two to three years?*

We know employers are looking for predictability in uncertain times, especially when business costs are high and budgets are tight.

Our approach focuses on stability and long-term sustainability. We cannot forecast premium rates two to three years into the future with certainty, but we do work to minimize the changes from year to year.

Our executive team and Board of Directors monitor risk exposure and the key drivers behind employer premiums, including employment levels, wage growth and claims costs. While we can't control the economy or markets, we can manage risk by focusing on what we can influence and making measured decisions that support stability.

This year, we explored opportunities to enhance our funding policy to help reduce volatility. We reviewed best practices at other workers' compensation boards and conducted an extensive asset-liability analysis. That work informed recommendations for updates to our funding policy, which we published for public consultation this year and are now reviewing stakeholders' feedback.

In response to economic pressure, we have continued premium rate subsidization while we work to gradually reduce the subsidy and close the gap between the premium rate needed to fully cover claim costs, and the premium rate employers pay. For 2026, we have planned for a 5-cent rate setting gap. This measured approach supports long-term sustainability and helps keep rates more stable.

Our progressive Alberta employers know they can influence their individual premiums by preventing injuries and supporting safe recovery and return to work through strong disability management and modified work. With less time away from work, there is less pressure on long-term costs.

We are seeing meaningful commitment from employers on this front, and I am encouraged by the progress we have achieved together in recent years with very strong return-to-work success.

## Questions answered via written Q&A

5. *Why does the board continue to have employers estimate their expected hours and pre-pay at the start of the year? Many employers use payroll systems that automatically pay the exact amount owed to the WCB. If an employer does not pre-pay, WCB charges late fees on outstanding amounts, but it does not pay interest on overpayments accumulated through electronic systems. Each year, WCB requires me to pay \$500 or more based on my estimate, and by mid-year my balance is -\$700. This is an outdated system that should be adjusted to better support current administrative practices.*

We recognize that estimating and pre-paying premiums can work differently for each employer, and that it may not always align with how some businesses manage payroll. At the same time, the approach is designed to provide a consistent and predictable way to support employers of all sizes across Alberta, including smaller businesses that may not use payroll software.

Our process is set out in the *Workers' Compensation Act*, which requires premiums to be due at the start of the year. Within that framework, employers have options, including instalments, to help manage payments.

While employers provide estimated earnings up front to help plan for the year, estimates can be updated during the year if things change. Accounts are reconciled based on actual earnings, with credits, refunds or additional amounts applied as needed. If you'd like to discuss your situation further, our Employer Account Services team is here to help and can be reached at 780-498-3999.

6. *What is the rejection percentage of the DRDRB? This board is mostly a waste of time and resources. If they cannot function as a true evaluation of WCB decisions and processes, they should be replaced with an employer-appointed board providing effective oversight and review.*

The Dispute Resolution and Decision Review Body (DRDRB) is a neutral body that provides transparent and impartial reviews for workers and employers. Their decisions are grounded in evidence, policy and legislation.

In 2025, the DRDRB reviewed 2,868 cases and upheld 81% of decisions. 19% were changed, returned for more work or to consider new evidence. In the same year, of DRDRB's upheld decisions, only 183 were overturned by the external, independent Appeals Commission. This result reflects sound and effective decision making by the DRDRB.

7. *OIS and non-OIS physicians alike seem to be writing people off work for minor injuries more often over the last year or so. What is WCB doing to ensure detailed and*

### *accurate medical reporting to help mitigate time loss?*

We build that focus into how we work with physicians to improve decisions and return-to-work outcomes. Early reporting and timely access to care are key.

Through Occupational Injury Service (OIS) clinics, workers are assessed early, reports are completed quickly and return-to-work planning starts right away. OIS physicians focus on what a worker can safely do, not just whether they should be off work.

OIS includes structured onboarding, education, audits and performance monitoring for physicians. This improves reporting quality, consistent decision-making and leads to better return-to-work outcomes. In 2025, 93% of workers were determined to be fit for work after their first OIS visit. And workers who used OIS returned to safe employment four days sooner.

We're working to strengthen reporting across the broader medical community, including working with the Alberta Medical Association to educate physicians across Alberta.

8. *Please consider our request on behalf of the Francophone School Divisions in Alberta. WCB-Alberta emphasizes the importance of accessibility, inclusion and ensuring workers have access to information needed to work safely and support recovery. How does WCB reconcile those commitments with its lack of French-language versions of Worksight and other safety communications, despite repeated requests from Francophone employers, school divisions and organizations?*

*In Francophone schools, workplaces operate in French, and communications are generally provided in French to support accessibility. English-only WCB materials may not be as accessible or effective for French-speaking workers and employers, creating a gap in access to important health and safety information. How does WCB address this gap?*

*Does WCB have a formal policy regarding French-language communications? If so, will it be made public? If not, will WCB commit to developing one and establishing a timeline for implementation?*

While teachers are generally not covered under the *Workers' Compensation Act*, some non-teaching roles are. We recognize language barriers create challenges and we work to support access to information and services through injury and recovery.

WCB-Alberta does not have a formal French-language communications policy; however, we provide many supports for those whose first language is not English. Our website offers key resources in six languages, including French, and allows users to translate other website content, including *Worksight*. We also offer translation and interpretation services for claim-

related communication to help workers who need language support in calls, meetings and return-to-work planning.

Health, safety and prevention falls under Alberta Occupational Health and Safety's mandate, and they may have additional French-language materials to support workplaces.

*9. Could you explain the criteria used to bill our company? The invoice provided does not include transaction details, so we don't understand what we are being charged for.*

The best way to understand how we establish employer premium rates is to read our [2026 pricing guide, which is available on our website](#).

In short, your employer premium rate is set based on a combination of your business's payroll and the industry you're in.

If you would like to talk to someone about your specific rate, please give us a call at 1-866-922-9221 and speak with one of our Employer Account Services representatives.

*10. While delays have always been a concern, recent communications indicating that appeals moving to the DRDRB level will take four months just to be assigned are adding to already unacceptable delays, which profoundly impact injured workers and employers. This appears to contradict the Code of Conduct. What strategies are being implemented to address and improve these delays?*

That's an important question. We understand these delays can have a real impact on injured workers and employers. While the Code of Conduct doesn't set timelines, our goal is always to provide timely, fair and thorough reviews.

Appeal volumes increased 44% from 2023 to 2025, which has affected wait times. We are seeing a further increase in 2026. Our goal is to refer requests for review to DRDRB within 14 days; in 2025, 76% met that timeline. Once referred, files are triaged in the order received and assignment times can vary, currently up to 16 weeks. After assignment, 70% of DRDRB decisions were completed within 40 days in 2025, and 76% within 55 days. Files taking longer are generally more complex or require more information.

To improve timeliness, we're addressing older files, reducing backlog in the most delayed categories, and improving internal processes and triage practices to increase flow and capacity.

*11. Is the archaic "Captive Workers" clause still in effect? If so, when is it going to be removed?*

"Captive workers" is not a term that is directly addressed in policy, but it is a term often used to describe workers who are working for extended periods in remote locations (such as at a

remote work camp). In these situations, there is not a clear separation between work and personal or home time. Having clear policy for these circumstances is important to ensure both workers and employers are appropriately covered. There are no immediate plans to change our approach to claims for these remote workers.

*12. I would like to hear more about psychological injury claims and what WCB is doing to address them. It seems WCB is accepting more of these outlandish cases.*

Psychological injuries are unique and require specialized care and treatment. We have teams dedicated to managing these types of claims and who offer an additional level of expertise to what can often be very complex situations.

When reviewing any psychological injury claim, we first look to confirm that there is a compensable (work-related) diagnosis. If a diagnosis has not been confirmed, we may request additional information or arrange additional assessments.

A confirmed psychological or psychiatric injury is one that has been diagnosed by a physician, psychiatrist or psychologist as defined in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

Once a diagnosis is confirmed, we then confirm whether or not that injury is work-related, either due to a traumatic incident or cumulative factors over time (chronic onset).

*13. How did employer premium rates change for 2026? What percentage of employers saw increases versus decreases? How much of the system surplus is being returned to employers? What is the funded ratio of the Accident Fund? How large is the surplus or reserve? Are further employer rebates anticipated?*

Premium rates increased modestly in 2026 as we continue to align premiums with current claim costs. The average rate rose by about 3.5% to \$1.46 per \$100 of assessable earnings.

Most industries saw no change or a decrease, while close to one third had increases above the average.

In 2026, we are subsidizing employer premiums by roughly \$61.9 million as part of a multi-year approach to provide relief.

The Accident Fund remains strongly funded, with a 2025 funded ratio of 109.4%. Our 2025 financial results are available on our website.

The system continues to hold a surplus above required funding levels, reflecting strong financial performance and prudent funding management.

Additional rebates are not guaranteed but may be considered if funding levels exceed the

target range of 114-128%, consistent with our funding policy.

*14. The funding policy review has recently concluded, and one of its stated goals is to address “fund-level volatility.” Is there any evidence that experience rating is achieving its intended goals, or would a flat rate of premiums within each industry level the playing field for all employers?*

Experience rating is intended to support fairness by reflecting an employer’s claims cost performance while maintaining collective liability within each industry. Experience rating has been proven to positively influence disability management practices. It is an important part of our broader pricing program that is underpinned by collective liability, individual accountability and fairness. It establishes a clear link between better health, safety and disability management performance and lower claim costs (which can result in lower premiums for employers and industries). A flat industry rate would be simpler, but it would reduce the connection between an employer’s performance and the premiums they pay. We will continue to monitor the model to ensure it supports fairness, affordability and long-term sustainability.

*15. What specific improvements are planned for employer service? Which policies are currently under review? Will employers be consulted before changes are implemented? What has been the growth rate of psychological injury claims over the last five years? How are these claims affecting employer premiums? Are additional resources being directed toward psychological injury adjudication? Are there proposed policy changes related to psychological injuries?*

We are continuously reviewing and refining our employer service processes to ensure we are supporting employers as effectively as possible. We are also continuing to enhance and expand the functionality of our digital services to make it easier for employers to manage accounts, report claims and to support disability management. We are reviewing several areas, including funding policy, economic loss payment policy and psychological injury policy. Employer consultation is included in our policy review process.

To continually improve how we manage psychological injuries, work is underway to develop clearer, evidence-based care pathways; provide education and resources for employers, staff and providers; and review policy to support consistent adjudication and appropriate support for workers and employers. We would be happy to connect after the session to provide more detail.

*16. Can WCB work on setting up OIS that operates in the evenings and on night shift? There are multiple businesses running night shifts, and although hospitals are open, it’s not sufficient, people are waiting hours and they are also given time off instead of modified duties.*

We recognize the benefits of the Occupational Injury Service (OIS) in supporting timely access to quality care and understand the challenges workers and employers can face when injuries happen outside regular clinic hours—especially for those working the night shift. We are actively working with our provider network to explore options for expanding OIS access.

*17. Is there a plan to review the "safe entry and exit clause" as many employers are hit with claims when there are no preventable actions that can be taken regarding entering and exiting a workplace?*

At this time, this item is not included in our current policy plan for review. If you have questions about how this may impact your specific situation, please contact your WCB representative.

If you believe a policy should be updated, you can request a policy review. More information about this process, as well as opportunities to provide feedback during consultations, is [available on our website under policy development and consultation](#).

*18. Is an employee considered a "Captive Worker" if they have their own transport and can come and go after work hours?*

Many factors may be considered to help determine whether a worker is covered while entering or exiting an employer's premises or specific worksite. One factor on its own does not necessarily determine whether an accident is compensable. We encourage workers and employers with specific questions about coverage in these circumstances to reach out to us directly.

*19. Are there any metrics around the amount of time it takes for adjudicators or case managers to return phone calls or emails? Since COVID, it seems adjudicators and case managers are hard to get a hold of, often on vacation or out of office, and do not return phone calls or emails within one or even two business days—it is often closer to five to seven days. This leaves both the worker and employer in limbo.*

Thank you for the feedback. We know timely communication is important and that delays can create uncertainty for both workers and employers. We do not have specific metrics available for return calls or emails by adjudicators and case managers, but we do have standards for communication timeliness we work hard to meet. We measure client satisfaction with our timeliness through our customer surveys and other feedback loops. Those results help us understand where clients are experiencing delays and where service improvements are needed. Timely, clear and reliable communication remains a high priority. If you have any concerns about communication on a specific claim, we encourage you to contact us directly.

*20. Is there a better approach to training new adjudicators to help them make accurate decisions on claims when they may not yet have the experience to do so? In an effort*

*to quickly get claims off their desks, decisions can at times be costly to employers on claims that could have been denied. This can be challenging when supervisors or managers side with the adjudicators.*

Accurate, fair and timely decisions are essential for both workers and employers. New adjudicators receive extensive training, coaching and support to help them understand legislation, policy, evidence gathering and decision making. With that said, we know we don't always get these decisions right, which is why we work hard to support our adjudicators. We do this by providing access to expert supports, like experienced leaders, coaching resources and peer consultation. These supports are designed to promote consistency and identify opportunities for improvement. Our goal is not to move claims off a desk quickly, but to make sound decisions based on the available evidence and applicable policy. We are committed to decision fairness and will continue to strengthen training, oversight and quality review so decisions are fair and clearly explained.

*21. Will slides be sent out to participants after the presentation?*

We'll post the link to the AGM broadcast recording on our website next week. The recording, which contains the slides shown, will be available until July 14.

*22. Our company has made significant investments in safety and injury prevention. How are these efforts reflected in our WCB experience rating and premiums, especially when older claims continue to affect our costs despite improvements in our current safety performance?*

*Additionally, how does WCB determine whether an injury is a new claim versus a continuation or recurrence of an existing one? For example, if the same worker experiences a similar injury to the same body part, why might this be treated as a separate claim, and how does WCB avoid employers being effectively penalized twice?*

*Finally, what mechanisms exist for employers to challenge claim classification decisions, and what measurable credit is given for demonstrated improvements in safety, return-to-work outcomes, and training compliance?*

Regarding your claim questions: When a worker reports a new injury, we assess whether it relates to the original workplace incident or results from a new, distinct event. A new claim may be established where there is evidence of a separate incident causing a new injury, even if it is for the same part of body.

A continuation typically occurs when there is no new work-related incident, but the worker's condition has worsened or deteriorated. In these cases, the deterioration would be covered under the original claim.

A new claim typically occurs when a specific, new incident has occurred. Even if the new

injury is similar to the original injury, we may establish a new claim if the new diagnosis cannot be reasonably linked to the original claim.

If you disagree with a claim decision, you can [find information about our review and appeals process for employers on our website](#).

Regarding your account questions: We recognize improved employer claims performance through our experience-rating model. Sustained improvements in safety, return to work and claims management will result in fewer claims and lower claims costs, which can result in lower premiums relative to others in your industry.

Employers who support early and sustained return to work can reduce claim duration and costs. While historical claims remain part of the calculation during the experience period, consistent strong performance is reflected in lower premiums over time.

We have several other programs and mechanisms that offer financial benefit to employers aiming to lower their premium rates. This includes:

- [Safety associations](#): These groups can help lower your premiums by helping with the development of health and safety programs.
- [Partnerships in Injury Reduction \(PIR\) Program](#): This voluntary program recognizes employers with strong safety systems and provides rebates and/or discounts for achieving and maintaining a Certificate of Recognition (COR). This can reduce premiums by up to 20% depending on performance and participation.
- Industry initiatives: Collaborating with other employers in your industry can create cost-effective injury prevention programs. E.g., industry safety associations— informed by industry-level claims data—can coordinate campaigns targeting the most common and preventable risks. Collaborative efforts like this can improve prevention and improve safety outcomes, which contributes to lower overall claim costs and industry rates.

*23. There has been a decrease in OIS physician support to employers when addressing the work readiness status of workers. We have seen an increase in “not fit for work” decisions for minor injuries, with no post-examination consultation with the employer. We often receive limited information, with the employee simply notifying us that the physician has sent them home for a day. In the past, the physician would contact the employer representative to discuss modified return-to-work options prior to making a work readiness decision. How can we improve physician accountability in following this process?*

Thank you for sharing your experience. We recognize the importance of strong communication between OIS providers and employers when supporting safe and timely

return-to-work planning.

We continue to work with the provider network to reinforce the value of clear communication, appropriate documentation and consideration of modified return-to-work options where suitable. This includes ongoing engagement with providers to support consistent understanding of process expectations and the important role employer input can play when assessing work readiness.

*24. What AI is WCB using or is it an in-house team working on this?*

We use a combination of internally developed artificial intelligence and machine learning models, along with select approved tools like Microsoft Copilot, to support our work.

Our approach prioritizes strong governance, privacy, security and responsible use. The models are developed and managed under strict controls, with clear guardrails around ethics and data use.

These tools help us improve efficiency, but all decisions remain with the claim owner using their expertise to support clients.

*25. In relation to the OIS clinic topic, I think an unintended consequence of these clinics is the lengthening of claims to keep workers in PT. I am sure other employers have had similar experiences. What can WCB do to increase PT accountability?*

We understand concerns around treatment duration and ensuring care supports timely return-to-work outcomes.

Our data shows OIS generally supports earlier recovery. In 2025, 93% of workers were fit for work after their initial OIS visit, and workers accessing OIS returned to safe employment sooner overall.

Accountability is built into the OIS and physiotherapy models through structured onboarding, ongoing education, and regular audit and performance monitoring of providers.

We continue to strengthen oversight by monitoring health care provider outcomes, working closely with providers, and supporting early collaboration with employers to ensure treatment remains aligned to recovery and return to work.

*26. What policy outlines the requirements to base a claim reopening decision on?*

Claim reopening decisions are guided by the *Workers' Compensation Act*, and WCB-AB policy, particularly Policy 02-01 (Causation) and Procedure 1-5 (Claim reopen decision). This policy requires us to determine if a worker's current condition is related to their original workplace injury. Decisions may also consider new medical information or changes in condition. If a claim is reopened, we follow Policy 04-03 (Recurrence of Temporary

Disability) to determine a worker's compensation rate.

We assess whether the current situation reflects a continuation or worsening of the original injury, or a new and separate issue. A claim may be reopened when there's evidence of a recurrence or worsening of the original condition, a need for additional treatment related to that injury, or a clear causal connection between the current condition and the initial claim. If you have questions about how this applies to a specific claim, we encourage you to reach out to your WCB representative for more detailed guidance.