wcb Workers' Compensation Board – Alberta

A635
Closing Account Request

To avoid delays in the processing of your application, please complete **all** fields in **detail**.

Section A - Company Information

Account number	Legal business name	
Operating or trade name (if applicable)	Business phone number ( )	Fax number ( )
Final mailing address *Street* *City/Town* *Province*		Postal code

Section B - Personal coverage information

Owner's/Director's legal name	P.C I.D.	Is personal coverage to be terminated? ❒ Yes ❒ No
Owner's/Director's legal name	P.C I.D.	Is personal coverage to be terminated? ❒ Yes ❒ No

Section C - Employee information

Employers have 10 business days to notify WCB of closing worker information.

Industry (1):	Last date worker(s) employed:	Actual gross earnings from Jan. 1 to close date. *
Industry (2):	Last date worker(s) employed:	Actual gross earnings from Jan. 1 to close date. *

* Include all full-time, part-time, casual or temporary workers as well as all subcontractors who WCB-Alberta considers to be your workers for the current calendar year.

Section D - Business closing

Please indicate why the account is to be closed:

- ❑ Seasonal
- ❑ Cease of Operations/ no more workers
- ❑ Bankruptcy/insolvency (See Section E)
- ❑ Sale of Business (see Section F)
- ❑ Other (explain) _____
- ❑ Voluntary operations withdrawal
  - ↳ Should coverage automatically resume upon rehire? ❒ Yes ❒ No

Section E – Bankruptcy

Date of insolvency	Name of receiver or trustee	
Contact person's name		Contact phone number: ( )

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Section F - Sale of business

Type of sale: ❑ Amalgamation ❑ Sale of all assets ❑ Other: _____ ❑ Share acquisition ❑ Partial sale of assets _____		Date of sale
Solicitor's name	Contact Person	Solicitor's phone number
Purchaser's company name	Purchaser address	
Purchaser's contact name	Purchaser phone number ( )	Purchaser fax number ( )

Section G – Applicant authorization:

By my signature, I certify that I have the authority to execute this request, and the facts on this application are true and correct to the best of my knowledge. I am aware that any person operating in a compulsory industry who does not secure or maintain workers' compensation coverage and comply with the Workers' Compensation (the Act), or knowingly provides false or misleading information to the Board may be subject to administrative penalties or guilty of an offence under the Act.

Name		Position
Home phone number ( )	Contact number ( )	Fax number ( )
Email address	Signature	Date

WCB mailing address
PO Box 2415
Edmonton, AB
T5J 2S5

In Calgary
Fax: (403) 517-6201
Phone: (403) 517-6000

In Edmonton
Fax: (780) 498-7999
Phone: (780) 498-3999

Toll Free in Alberta 1-866-922-9221
Outside of Alberta 1-800-661-9608

Online: www.wcb.ab.ca

The personal information collected on this form will be used for the purpose of closing your WCB-Alberta account. This collection of personal information is in compliance with section 105 of the *Workers' Compensation Act* and sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, please contact us by phone or in writing.

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