General Information on Cost Transfer Requests

One of the basic tenets of workers’ compensation is the principle of ‘no fault’ insurance. Costs of workers’ claims are charged to the accident experience of their employer, regardless of who is at fault or responsible for the accident. However, to instill an influence of fairness, accountability and responsibility on employers, Section 95(2) of the Workers’ Compensation Act permits a transfer of costs in whole or in part from the accident experience of one employer to another when it is determined the claim resulted from the negligence of another employer or their worker. Negligence is generally defined as, ‘the failure to do, or not do, what a reasonable person would do, or not do, in the same or similar circumstances.’

Transfer of costs is not automatic. Pursuant to the legislation, an employer can submit a written request to WCB for a transfer of costs. The applicant employer must clearly identify the alleged negligent employer(s), and provide sufficient information that sets out the negligent conduct or action of the other employer(s). Once a satisfactory request has been submitted, the other employer(s) is provided the opportunity to respond. No decision is reached until WCB has had an opportunity to review all relevant information, material and representations from affected employers.

To initiate a cost transfer please provide:

Date of accident: ________________________

Name of your injured worker(s): __________________________

WCB claim number: __________________________

Legal name of alleged negligent employer(s): __________________________

Address & postal code: __________________________

How/why was the other employer(s) negligent in causing injury to your worker(s)?

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Attach pertinent supporting documents (incident/safety investigation report, police/motor vehicle accident report, photographs/diagrams, witness statements, etc.)

Submitted by:

Name: __________________________________________ WCB account number: __________________________

Company name: ______________________________________ Telephone: (______) ______________

Address: __________________________________________ Postal code: __________________________

Email Address: ______________________________________

Submit request to:  Mail: Attn: Underwriting
                  PO Box 2415
                  Workers’ Compensation Board of Alberta
                  Edmonton AB T5J 2S5
                  Email: claimcosttransfer@wcb.ab.ca

Fax: (780) 498-7874
Attn: Underwriting Sec 95(2)