

# ACCOUNT APPLICATION FARMING & RANCHING

Please print clearly or type

## Company Information

Name of company or business:	
Does the above company, corporation, or individual(s) own and/or lease the land used for the farming operations conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or this business ever been registered with WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide account number and business name:	

## Contact Information

The primary contact person below will be contacted for any follow up regarding this application. All WCB correspondence will be sent to the address provided.

Primary contact person's name:		Position	
Mailing Address: Street	City/Town	Province	Postal Code:
Email Address:		Telephone Number	

## Business Details

Please describe the nature of your farming operations by checking all boxes that apply to your business:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Beef producers                 | <input type="checkbox"/> Llama/alpaca producers         | <input type="checkbox"/> Fishing/fish or fur farming   | <input type="checkbox"/> Greenhouse/market gardens     |
| <input type="checkbox"/> Feedlots                       | <input type="checkbox"/> Riding academies/horse stables | <input type="checkbox"/> Apiaries                      | <input type="checkbox"/> Mushroom producers/bait farms |
| <input type="checkbox"/> Livestock auctions/stock yards | <input type="checkbox"/> Hog producers                  | <input type="checkbox"/> Hay/grain/crop farming        | <input type="checkbox"/> Agri-tourism farms            |
| <input type="checkbox"/> Dairy farm                     | <input type="checkbox"/> Poultry/egg producers          | <input type="checkbox"/> Harvesting/baling - custom    |  |
| <input type="checkbox"/> Elk/bison producers            | <input type="checkbox"/> Goat/sheep producers           | <input type="checkbox"/> Forage & peat moss processing |  |

Additional comments:

## Worker Coverage

Does your business employ waged, non-family workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, estimate the number of workers that will be employed by your business this year.	
Worker start date (do not select a date prior to January 1st, 2016).	(Year / Month / Day)
Estimated earnings for all waged, non family workers during the current calendar year. <i>Include each worker's earnings to the maximum per worker earnings limit for the current year (\$98,700). Exclude earnings of directors or farm owners.</i>	

## Optional Coverage for Non-Waged Workers and Family Members

Do you wish to cover any family members or non-waged workers who are currently exempt from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a WCB representative will contact you to determine the details of coverage.
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## Coverage for Business Owners (Personal Coverage)

Coverage for business owners and/or directors of a corporation is OPTIONAL and may be purchased by individuals who wish to insure themselves in the event of a workplace injury.

(Minimum of \$25,400, up to a maximum of \$98,700 for 2017.)

If any business owner or director wishes to purchase optional coverage, please complete the following.

Surname:	First Name:	Initial:	Date of Birth (Year / Month / Day)	Coverage amount:
Surname:	First Name:	Initial:	Date of Birth (Year / Month / Day)	Coverage amount:

**Please Fax To: 780-498-7999**

## Confirmation notice

Please note that once your account has been established you will be able to change contact information and coverage amounts at any time.

If you have questions while you are completing this form, you can call us at 1-866-922-9221 or email us at [employer.account.services@wcb.ab.ca](mailto:employer.account.services@wcb.ab.ca).



### **Business Details**

Your farm or ranch will be assigned the industry rate that best reflects the overall risk of your operations. Please identify all types of business activities that are conducted.

If possible, please include a general description of the main equipment used to conduct your operations in the additional comments section.

### **Worker (Employee) Coverage**

Under the *Workers' Compensation Regulation*, you must provide WCB coverage for any people who receive a wage to work on the farm or ranch who are not business owners or family members. This may also include subcontractors who are not operating as a corporation and do not have WCB coverage of their own. Your insurable earnings estimate is the total yearly gross employment or labour earnings for these individuals.

WCB coverage is optional for two categories of farm and ranch workers:

1. Workers to whom no wages are paid for farming or ranching work.
2. Workers who receive a wage to work on a farm or ranch who are:
  - a) shareholders of a corporation engaged in a farming or ranching operation, where all of the shareholders are members of the same family;
  - b) family members of a shareholder of a corporation engaged in a farming or ranching operation, where all of the shareholders are members of the same family;
  - c) family members of a sole proprietor engaged in a farming or ranching operation;
  - d) family members of a partner in a partnership engaged in a farming or ranching operation where all of the partners are members of the same family.

Family members include, whether by blood, marriage, adoption or by virtue of an adult interdependent relationship:

- Immediate family (i.e., spouses or adult interdependent partners, children, parents, siblings)
- Extended family (i.e., grandparents, aunts, uncles, nieces, nephews, first cousins)

If you elect to cover family members or non-waged individuals, you will need to add these wages (for waged, family workers) or a value of service (for non-waged workers) to your insurable earnings estimate for the year. A value of service is a fair market value for the services provided.

### **Coverage for Business Owners (Personal Coverage)**

Personal Coverage is optional coverage for business owners.

#### **Benefits of Personal Coverage**

Optional Personal Coverage is offered to individuals who are not automatically eligible for workers' compensation benefits. This includes:

- Employers and business owners.
- Proprietors and partner in a partnership.
- Directors of a corporation.

You can receive compensation benefits if you choose to purchase Personal Coverage. The benefits of Personal Coverage include:

- Entitlement to workers' compensation benefits in the event of a workplace injury (e.g., protection against loss of employment income, medical and rehabilitation services)
- Lawsuit protection from other parties covered by Alberta workers' compensation insurance in the event of a workplace accident for:
  - Directors of a corporation or members of a society, board, authority, commission or foundation.
  - Proprietors or partnerships who do not employ workers and are not considered workers of a principal under the *Workers' Compensation Act*.

Proof of earnings for the purchased coverage amount will be required for wage loss benefits to be paid.

#### **Choose your amount of Personal Coverage carefully**

Your coverage level is used to determine your wage loss benefits in the event you miss time from work due to a workplace injury. Purchasing coverage below your actual employment income may reduce your costs, but choosing reduced coverage may not adequately replace your lost income.

2017 Personal Coverage Levels		Approximate Monthly Compensation Benefits
Minimum	<b>\$25,400</b>	<b>\$1,621.44</b>
Maximum	<b>\$98,700</b>	<b>\$5,381.64</b>

**Review your Personal Coverage amount regularly** to ensure it continues to meet your needs. Visit our website at [www.wcb.ab.ca](http://www.wcb.ab.ca) for more information.

#### **Guaranteed Coverage Amounts (GCA)**

This is an amount of Personal Coverage you can purchase without having to substantiate your earnings prior to benefits being paid. For farming and ranching industries, the GCA is \$30,000.

More information about Personal Coverage can be found in the Employer fact sheet "Personal coverage" on our website at: [http://www.wcb.ab.ca/pdfs/employers/EFS\\_Personal\\_Coverage.pdf](http://www.wcb.ab.ca/pdfs/employers/EFS_Personal_Coverage.pdf).