

Submit online: wsib.ca/onlineservices | **Mail to:** 200 Front Street West, Toronto ON M5V3J1
Email to: employeraccounts@wsib.on.ca

Complete the logging industry – determining worker/independent operator status questionnaire, if the following applies:

- you are not employing full or part-time help, and
- you have been asked to show proof of WSIB coverage by the company or companies with which you currently have a contract, or
- you are a company engaging contractors and need a worker/independent operator status determination, or you would like to establish an account for optional insurance

What do I need to submit to the WSIB?

1. A completed version of this questionnaire signed by you (the individual) and the company with whom you currently have a contract (the principal)
2. Three to five copies of recent invoices/contracts for different companies to demonstrate that you work for more than one company
3. Copies of any recent purchase orders for materials that you supply as part of your contract (e.g., cleaning supplies, tools, office supplies or equipment)
4. Advertising material such as business cards, flyers or website address (if applicable)
5. A copy of your HST number (if applicable)

When completing the questionnaire, you are considered the individual and the company for whom you have a contract is considered the principal. Individuals who have been determined to be independent operators by the WSIB can apply for optional insurance.

If you are requesting optional insurance, please include a completed optional insurance request/change form (enclosed) along with proof of earnings. Optional insurance becomes effective on the date the WSIB receives the signed request for optional insurance.

Please send your completed questionnaire and supporting documents to us by email to employeraccounts@wsib.on.ca or by mail to 200 Front Street West, Toronto, ON M5V 3J1.

Please call 1-800-387-0750 if you need more information or help.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

Who should complete this questionnaire?

- individuals who cut logs or operate equipment in woodland operations
- the principal (or their respective representative)

After completing the questionnaire, if the responses indicate that the individual is an independent operator, the individual and the principal must sign the declaration to verify that the answers accurately reflect the working relationship.

The individual and the principal can also submit separate questionnaires if:

- they disagree about the answers to some or all of the questions
- the individual wants to submit the financial information in confidence

Key terms

Workers are entitled to benefits provided by the *Workplace Safety and Insurance Act* and their employers must pay premiums to the WSIB.

Independent operators may choose to apply for insurance coverage as workers under the *Workplace Safety and Insurance Act*. If they want insurance, they must pay their own premiums.

Principal is the company that hires the individual to cut or prepare logs.

Part 1

What work does the individual do?

What equipment and vehicles does the individual own, rent or lease to work in woodland operations?

Is there a written contract stating the terms of the work relationship? If yes, please include a copy of the contract.	Yes	No
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Does the individual have a previous or current WSIB account number?	Yes	No
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If yes, please provide this number.

Part 2

Please place a checkmark (✓) beneath the statement that best describes the work relationship for each heading.

Column A	Column B
<p>Instructions</p> <p>The principal decides what type and size of timber the individual will cut (beyond the conditions set by the licence).</p>	<p>The individual decides on their own what type and size of timber to cut.</p>
<p>Order of work</p> <p>The individual is required to follow the same safe working practices and procedures as those prescribed by the principal for other workers.</p>	<p>The individual is not required to follow the principal's rules about safe working practices.</p>
<p>Licences</p> <p>To cut in the area where the individual works, the principal has:</p> <ul style="list-style-type: none"> a sustainable forest licence a forest resource licence an overlapping licence a salvage licence 	<p>To cut in the area where the individual works, the individual has:</p> <ul style="list-style-type: none"> a forest resource licence an overlapping licence a salvage licence
<p>Union agreement</p> <p>The relationship with the principal is governed by the terms of a collective or union agreement.</p>	<p>The relationship with the principal is not governed by the terms of a collective or union agreement.</p>
<p>Ruling by Canada Revenue Agency</p> <p>The Canada Revenue Agency has made an official ruling that the individual is an employee.</p> <p>OR</p> <p>The Canada Revenue Agency has not ruled on the individual's status.</p>	<p>Canada Revenue Agency has ruled the individual is independent. This is done by requesting a ruling as to the status of a worker or independent operator under the Canada Pension Plan or Employment Insurance Act using their form: "Request for a CPP/EI Ruling - Employee or Self-Employed?" Please include a copy of this ruling.</p>
<p>Method of payment</p> <p>The principal decides how much to pay the individual or the individual is paid according to a standard pay or rate scale (for the type of equipment and services supplied).</p>	<p>The individual negotiates the amount and manner in which the principal pays them and is not paid according to a standard pay or rate scale.</p>

Please state how many boxes in Part 2 you marked in:

Column A

Column B

Part 3

Please refer to the answers in lists A and B on the following pages when making the selection for this item.

Column A	Column B
<p>Profit or loss</p> <p>The individual pays for less than 80 per cent (in dollars per month) of the items that are used in doing the work</p> <p>OR</p> <p>The individual buys 20 per cent (in dollars per month) or more of these items from the principal or an agency controlled or selected by the principal</p> <p>OR</p> <p>The decisions (from list B) that the principal makes have a greater impact on the individual's earnings than the decisions they make</p>	<p>The individual pays for 80 per cent (in dollars per month) or more of the items that are used in doing the work</p> <p>AND</p> <p>The individual buys less than 20 per cent (in dollars per month) of these items from the principal or an agency controlled/selected by the principal</p> <p>AND</p> <p>The decisions that the individual makes have a greater impact on their earnings than the decisions the principal makes</p>

List A: Please indicate what costs are incurred in doing the work, who pays for these items and the approximate value or cost of each item.

Items	The principal pays for these items		The individual buys these items from or pays for those items through an arrangement with the principal		The individual pays for these items without assistance from the principal	
		Value		Value		Value
Equipment that is used						
Equipment insurance						
Maintenance of equipment						
Vehicle licencing fees						
Maintenance of the vehicle						
Fuel and travelling expenses (e.g., room, board, moving equipment)						
Supplies (i.e., invoices, telephone)						
Others (please specify)						
Total value of items in each column						

List B: Please indicate who makes the following decisions and rank the impact of these decisions on the individual's profits. 'One' represents the highest impact on the individual's profits and 'nine' the lowest impact on individual's earnings.

Decision	The principal makes or has the right to make decisions about:	The individual makes decisions about/negotiates:	Impact of these decisions on the individual's profits (one to nine)
Pay for the work			
Tools to use			
Equipment to use			
Maintenance of tools and equipment			
When to start work			
Where to work within the principal's licence			
Whether to hire helpers			
How much to pay helpers			
Others (please specify)			

Part 4

Please place a checkmark (✓) beneath the statement that best describes the work relationship for each heading.

Column A	Column B
<p>Serving the general public</p> <p>The individual does not make their services available to the general public except on behalf of the principal. The individual collects and/or pays HST for the principal or Employment Insurance, Canada Pension Plan or income tax are deducted from their pay.</p>	<p>The individual can sell the logs to other purchasers for the best price possible. The individual publicly advertises their services in the newspaper or other trade publications. They also file HST returns on their own behalf and no Employment Insurance, Canada Pension Plan or income tax is deducted from their pay.</p>
<p>Services rendered personally</p> <p>The individual needs the principal's approval to hire others to do the work.</p>	<p>The individual does not need the principal's approval to hire others to do the work.</p>

Column A	Column B
<p>Set hours of work</p> <p>The principal schedules cutting and skidding or other woodland operations. The principal also decides the date the woodland operations can begin and the duration of the project.</p>	<p>The individual schedules and does the work in their own way.</p>
<p>Full-time required</p> <p>The individual works full-time only for the principal. They are restricted from working for other principals once granted a contract.</p>	<p>The individual is free to work when and for whomever they choose.</p>
<p>Working for more than one principal at a time</p> <p>The individual usually works for one principal at a time.</p>	<p>The individual works for more than one principal at a time.</p>
<p>Continuing relationship</p> <p>The individual works for the same principal continuously (year after year).</p>	<p>There is no continuous relationship between the individual and the principal.</p>
<p>Right to terminate</p> <p>The individual or the principal can end the work relationship at any time without penalty for breach of contract.</p>	<p>The individual agrees to complete a specific job and is responsible for its satisfactory completion or else is subject to legal penalties for breach of contract.</p>
<p>Hiring others</p> <p>If the individual hires, supervises or pays helpers, they do so as directed by the principal.</p> <p>OR</p> <p>The principal pays helpers directly and has the recorded earnings records of the individual's helpers.</p>	<p>The individual files an income tax return claiming the amounts paid to all helpers they hire as expenses against their income.</p>
<p>Continuing need for service</p> <p>The combined hours of work of all people (including the individual) who provide the same type of service the individual provides for the principal equals 40 hours per month or more (on average in a year).</p>	<p>The combined hours of work of all people who provide the same type of service the individual provides for the principal is less than 40 hours per month (on average in a year).</p>

Please state how many boxes in Part 4 you marked in:
Column A

Column B

Part 5

In Part 2 , four or more boxes are marked in column	A	B
In Part 3 , the mark is placed in the box in column	A	B
In Part 4 , five or more boxes are marked in column	A	B
If the answer is “A” two or more times in this box, the individual is a worker under the <i>Workplace Safety and Insurance Act</i> .		
If the answer is “B” two or more times in this box, the individual is an independent operator under the <i>Workplace Safety and Insurance Act</i> .		

Declaration

To the best of my knowledge, information and belief, the information contained in this document is true.

I/we understand that the WSIB reserves the right to audit and verify these responses. If these responses do not truly represent the nature of the working relationship, the WSIB may reserve the determination of status retroactively to the date that the working relationship began.

By signing below, the individual acknowledges that if they experience a work-related injury or illness, they will not be eligible for any WSIB benefits unless they request optional insurance coverage and the WSIB approves it.

Personal information on this form is collected under the authority of the *Workplace Safety and Insurance Act* and may be used to register/determine your status for coverage and to administer and enforce the act.

First name	Last name
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Signature	Date (dd/mmm/yyyy)
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Address

City	Province	Postal code	Phone number
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Principal name	Authorizing name and signature	Position	WSIB account number

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Please complete this section in full except where there is preprinted information.	
Account number	Firm number
Date	

Requesting or changing optional insurance

To **request** optional insurance, please complete sections **A** and **B**.

To **change** the amount of existing optional insurance, please complete sections **A** and **C**.

Please also:

- provide proof of earnings (more detail provided further on this form)
- have the applicant review and sign the optional insurance declaration (attached)
- have the owner's certification completed and signed (attached)

Cancelling optional insurance

Individuals who are cancelling their optional coverage must complete section **D** or forward their request in writing to us. They can submit their request to us at wsib.ca/onlineservices.

Proof of earnings

We accept the following documents (issued by the owner or authorized officer responsible for the account) as proof of earnings.

For executive officers:

- T4s and T4As or any other document submitted to the Canada Revenue Agency (CRA) to report earnings

For sole proprietors and partners:

- audited financial statements prepared by a professionally designated accountant
- income tax returns with supportive income statements (T1, T2125, T2032, etc.) or other documents submitted to the CRA to report business income

Please note:

- if the sole proprietor or partnership has been in business for less than one year, the amount of coverage for premium benefit purposes is set at one-third of the annual maximum insurable earnings
- if the executive officer's company has been in business for less than one year, the amount of coverage for premium and benefit purposes is set at one-third of the annual maximum insurable earnings or the amount stated on the optional insurance form
- if the applicant's company has been in business for more than one year, the amount of coverage for premium and benefit purposes must accurately reflect the applicant's actual annual earnings, as supported by the documents listed above
- coverage won't be provided if your operation shows a net business loss

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- loss of earnings benefits aren't paid if your operation shows a net business loss despite active optional insurance
- we may deny the request (or coverage renewal) for optional insurance if the applicant can't substantiate their level of earnings

Any new requests for optional insurance or changes to the amount of optional insurance will take effect on the date we receive the signed request and satisfactory proof of earnings. We require pre-payment for optional insurance premiums.

The amount of optional insurance won't be retroactively adjusted if the applicant receives benefits at an amount that is lower than the amount of optional insurance.

You can send us a message at wsib.ca/onlineservices if you have questions or need more information. You can also call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m.

This form continues on the following page.

Section A			
First name		Middle name	Last name
Date of birth (dd/mmm/yyyy)		Title/position with company	
Home address (This must be a physical address, not a box number or general delivery)			City
Province	Postal code	Phone number	Date business commenced (dd/mmm/yyyy)

Section B - Complete if requesting new optional insurance	
Amount of coverage requested	Today's date (dd/mmm/yyyy)

Section C - Complete if requesting a change in the amount of existing optional insurance	
Revised coverage amount requested	Today's date (dd/mmm/yyyy)

Section D - Complete if cancelling existing optional insurance	
Name	Today's date (dd/mmm/yyyy)

Optional insurance declaration

Please read the following information carefully. It explains how optional insurance changes your status under the *Workplace Safety and Insurance Act (the Act)*.

I understand that:

1. Owners, partners, executive officers and independent operators are not automatically entitled to benefits under the Act, unless they are included in expanded compulsory coverage in construction.
2. I am voluntarily requesting to be considered a worker by the WSIB by applying for optional insurance as I am exempt from WSIB mandatory coverage.
3. I must have optional insurance for a minimum of three consecutive months.
4. With optional insurance, I am entitled to all benefits workers receive.
5. I am giving up my right to sue workers and businesses whose industries are covered under Schedule 1 of the Act for damages sustained in a workplace injury.
6. I must send the WSIB proof of earnings when first requesting optional insurance.
7. If my earnings level changes, I must send the WSIB a signed request to revise the amount of insurance coverage, along with proof of earnings.
8. The WSIB may deny my request for coverage if I do not provide proof of earnings.

9. The WSIB may request proof of earnings at any time.
10. The WSIB may adjust the amount of optional insurance that I request.
11. My optional insurance will continue beyond the minimum three months until either the WSIB or I cancel the insurance.
12. If I have a workplace injury, my optional insurance will remain in effect until I notify the WSIB, in writing, that I wish to cancel it or that my status has changed to mandatorily covered.
13. If I have a workplace injury, my earnings at the time of my injury will be compared to the amount of my optional insurance. The WSIB will base benefits on whichever is the lower amount - my earnings or my optional insurance coverage.
14. If I am paid benefits at an amount that is lower than the amount of my optional insurance, the amount of my optional insurance will not be retroactively adjusted.
15. The WSIB may cancel or deny renewal of my optional insurance if the business paying for it has amounts owing, or the WSIB determines I am mandatorily covered under the Act. If any premium is owing on my optional insurance, the amount of the unpaid premium may be deducted from my benefits.
16. The effective date for new optional insurance requests, changes to or cancellations of optional insurance will either be the date that the completed optional insurance request/change form is received by the WSIB, or the requested date, whichever is later.
17. If the WSIB determines I am mandatorily covered, the effective date of changes to, or cancellation of, my optional insurance may be made retroactively.

Applicant's name	Applicant's signature	Date (dd/mmm/yyyy)
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Owner's certification

I hereby certify that I am an owner (or authorized officer) responsible for this account. I also certify that the amount of optional insurance requested accurately represents the earnings of the applicant.

I acknowledge that the accident costs associated with any work-related injuries for the applicant will be applied to the accident record for this account.

Personal information on this form is collected under the authority of the Act, and may be used to register/determine your status for coverage and to administer and enforce the Act. Please send us a message at wsib.ca/onlineservices or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you have any questions.

Name of owner or authorized officer	Title	
Signature	Phone number	Date completed (dd/mmm/yyyy)