

Please email your completed form to employeraccounts@wsib.on.ca

Request to transfer operations to Schedule 2 of the *Workplace Safety and Insurance Act (WSIA)*

The _____ of _____
 (insert legal name) (insert trade name)
 requests _____
 (describe organization's business activity)

to be transferred to Schedule 2, pursuant to Section 74 of the WSIA.

We request that our previous Schedule 2 file, firm # _____ be reinstated for our transfer to Schedule 2.
 If a previous Schedule 2 file does not exist, then a new Schedule 2 file will be established for our transfer to Schedule 2.
 The effective date of our transfer will follow the acceptance of this request.

Obligations and understanding as a Schedule 2 employer:

1. We will maintain sufficient funds on our account to ensure the prompt payment of a person's benefits, physician and administration fees.
2. Where there are insufficient funds on our account, interest will be charged daily on any shortfall balance. When we have excess funds on our account, interest will be paid daily.
3. We will pay all charges posted to our account. We will be billed for:
 - benefit payments made to our employees, and
 - physician and administration fees, including any applicable penalties and interest
4. We will receive a Covered by Advances notice of any payments that we may make to an injured person on behalf of the WSIB.
5. We will continue to pay for benefit costs, physician and administration fees, even if we:
 - appeal the benefit costs of the claim
 - cease to operate as a Schedule 2 employer or
 - transfer back to the Schedule 1 collective liability system
6. The WSIB will inform us of the estimated future benefit cost and administration fees for our organization on an annual basis. If the WSIB requires our organization to provide financial security, it will be in the form of an irrevocable letter of credit, acceptable to the WSIB for the amounts that may become due in the future.
7. The WSIB will not transfer claims from one file to another if we have multiple Schedule 2 files.
8. The WSIB will review our organization for compliance before issuing any refunds, clearance certificates, purchase certificates, writs of seizure and sale, or any other requested documentation.

The signature of the Authorized Officer reflects our acceptance of the "Obligations and Understanding as a Schedule 2 Employer"

Signature of Authorized Officer _____ Name of Authorized Officer _____

Title of Authorized Officer _____ Date (dd/mmm/yyyy) _____

Acceptance of this application is contingent upon compliance with the WSIB's policies and all the requirements of the WSIA and its regulations.

Space below for WSIB use only

Approved by

Manager, Employer Services Centre _____ Effective date of transfer (dd/mmm/yyyy) _____

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