Please email your completed form to <a href="mailto:employeraccounts@wsib.on.ca">employeraccounts@wsib.on.ca</a>

Read the terms and conditions on the back of this form carefully.

Please complete and return this form with your payment. Your request may not be accepted if you return the form without your payment.

Firm number
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Enter the (A) insurable earnings and (B) premium rate per \$100 for each NAICS code to calculate the premium							
Classification			(A) Insurable	(B) Premium	Premium		
NAICS code	Class/ subclass	Description		earnings	rate per \$100	(A) X (B) ÷100	
				Total premium			
					Amount paid		
Prepayment effective From (dd/mmm/yyyy)		To (dd/mmm/yyyy) 31/Dec/					
I have read a	and accept the	terms and cor	nditions of prepayment.	·			
Name Title			;				
Signature			Te	phone Date completed (dd/mmm/yyy		d (dd/mmm/yyyy)	
Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.							



## Prepayment terms and conditions

# Note: Prepayment is only available to businesses on a monthly or quarterly frequency.

Please refer to the premium information available through our online services at <a href="wsib.ca/onlineservices">wsib.ca/onlineservices</a> to complete the request form. Visit our 'how to report and pay your premiums' page at <a href="wsib.ca">wsib.ca</a> or email <a href="msib.ca">employeraccounts@wsib.on.ca</a> for additional information.

#### **Terms**

Prepayment takes effect on the first day of the current reporting period and ends on December 31 of the current year. These dates should be entered in the box titled "Prepayment effective" on the front of the form.

Once activated, the plan can only be cancelled if the account ceases to have a reporting obligation.

If you do not renew the plan, the account reverts to its assigned frequency.

## Eligibility and payment

The account must be fully compliant in its reporting and payment obligations:

- all past reporting periods must have premiums reported and paid in full
- any overdue reconciliations (monthly businesses only) must be filed
- any outstanding debt must be cleared from the account

This request form with full payment must be received by us on or before the last day of the first reporting period specified in the prepayment plan. If the request and payment are received after the last day, the plan will begin on the first day of the following reporting period. Retroactive revisions to the starting date of the plan are not permitted.

The estimated insurable earnings and premium will be allocated in equal amounts to the reporting periods covered by the plan according to the account's assigned frequency. The amounts for all reporting periods covered by the plan will appear on the statement of account for the month in which the plan is approved. The WSIB will not pay interest on the prepayment.

Please enter the amount of your payment in the box titled "Amount paid" on the front of the form. If this payment accompanying the prepayment request does not match the total premium, we reserve the right to revise the estimated premium to match the payment received, or to invalidate the request.

### **Adjustments**

Adjustments to the original estimate are permitted during the plan and must extend to December 31.

A request for an adjustment must be made in writing.

Full payment must accompany a request to increase the estimated insurable earnings and premium. If full payment does not accompany the request for an upward adjustment, we reserve the right to revise the estimate to match the payment received, or to invalidate the request.

# **Reconciliation (monthly businesses only)**

If there is a reconciled difference between the final estimated premium reported for the plan and the actual premium after the year-end reconciliation, we allocate the difference to the first reporting period of the plan. Interest will accrue from the first day of the month following this reporting period at the prevailing WSIB monthly rate.

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