

APPLICATION FOR ALTERNATIVE ASSESSMENT PROCEDURE (AAP) FOR INTERJURISDICTIONAL TRUCKING

Definitions

Alternative Assessment Procedure (AAP)	An optional procedure under which employers engaged in interprovincial trucking pay assessments to the workers' compensation board (WCB) in the jurisdiction (province/territory) where their drivers reside.
Assessing Board	The workers' compensation board in the jurisdiction where the employer's drivers reside, and to which the employer reports earning and pays premiums.
Registering Board	The workers' compensation board in the jurisdiction that the employer's drivers travel in or through, but to which the employer does not pay premiums.

General Information

Only those trucking firms whose drivers travel through more than one Canadian jurisdiction are eligible to apply for the Alternative Assessment Procedure (AAP). This procedure allows employers to report all earnings for their interjurisdictional drivers only to the WCB in the jurisdictions where they reside, rather than to each jurisdiction they travel through.

The AAP does not apply to other workers, such as local drivers, repair and garage personnel, or warehouse and administrative staff. The earnings of these workers must be reported to the province/territory in which they are employed.

All individuals operating trucks interjurisdictionally, including proprietors, partners or directors, must have coverage.

Participation in the AAP is **optional**, provided your firm meets the requirements listed below.

Firms not wishing to take advantage of the AAP will be assessed using the prorated method.

Employer Requirements

- Complete and submit an application to the Assessing Board(s) for participation in the AAP.
- Pay premiums to the Assessing Board(s).
- Maintain an account with all Registering Board(s) in the provinces/territories the firm's drivers travel through.
- Provide information as required by the Assessing and Registering Board(s).
- Consent to the disclosure of information between Assessing and Registering Boards as necessary for the effective application of the AAP.

Term of Agreement

Participation in the AAP, once requested and approved, must remain in place for the full calendar year. At least two months written notice (by October 31st) must be received to opt out effective January 1 of the following year.



Revenue and Employer Accounts
200 – 1880 Scarth Street
Regina SK S4P 4L1

Phone: (306) 787-4370
Toll Free: 1-800-667-7590
Fax: (306) 787-4205
Toll Free Fax: 1-877-220-1671
Email: reainquiry@wcbask.com

**APPLICATION FOR ALTERNATIVE ASSESSMENT PROCEDURE (AAP)
FOR INTERJURISDICTIONAL TRUCKING**

Legal Name: _____

Trade/Firm Name: _____

Street Address: _____

Mailing Address: _____

City/Province/Postal Code: _____

Contact person: _____

Telephone Number: _____

Fax Number: _____

Saskatchewan WCB Account #: _____ NSC #: _____

Please check the boxes that apply to your operations and enter your WCB account number in that province:

	Drivers Traveling In/Through	Drivers Resident In	Employer Account Number
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	_____
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	_____
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Newfoundland & Labrador	<input type="checkbox"/>	<input type="checkbox"/>	_____
Northwest Territories & Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quebec	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	_____

Terms and Conditions

1. This procedure only applies to interprovincial trucking.
2. The Assessing Board(s) will notify the Registering Board(s) on your behalf.
3. The election to claim benefits from the jurisdiction of residence or the jurisdiction of injury is not affected by this procedure.
4. Participation in the AAP, once requested and approved, must remain in place for the full calendar year. You must provide at least two months written notice (by October 31st) to opt out effective January 1 of the following year.

I / We wish to pay our premiums to the Saskatchewan WCB under the Alternative Assessment Procedure for Interjurisdictional Trucking.

I / We agree to abide with the provisions of the Alternative Assessment Procedure for Interjurisdictional Trucking.

Authorized Signature: _____

Date: _____