



Business Phone: _____
Home Phone: _____
Fax: _____
Cellular: _____
E-mail: _____
Federal Bus. No.: _____
Provincial Corp. No.: _____
Firm No.: _____
Date form issued: _____

Business Name, Address, Postal Code

EMPLOYER REGISTRATION INFORMATION

Please check above information and make additions or corrections.
INFORMATION ON THIS FORM IS FOR WORK DONE IN SASKATCHEWAN ONLY

1. Is the business: New Purchased ... If purchased, when? DD/MM/YYYY from whom? _____
2. When did you first hire workers? Date: DD/MM/YYYY
3. Name of the legal owner (eg. Incorporated company, partners, proprietor): _____
4. Physical address: _____
5. Type of business activities (include product or service provided): _____
6. Do you hire subcontractors? No Yes ... If yes, attach a list, include name/address, type of work and contract amount.
7. Do you work for other companies? No Yes ... If yes, provide at least 2 names: _____

8. Payroll Information: Do not include amounts over maximum per worker per year	2008 Actual Wages (Max. \$55,000)	2009 Actual Wages (Max. \$55,000)	2010 Estimate (Max. \$55,000)
a) Workers:	_____	_____	_____
b) Directors of limited companies on wages (regular, predetermined amount):			
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
c) Total wages of workers and directors on wages:	_____	_____	_____

9. Optional Personal Coverage (OPC) is available for proprietors/spouses, partners/spouses or directors of limited companies NOT on wages. Do you want OPC? No Yes ... If yes, provide the following information.

Note that the maximum amount of coverage is \$55,000 per individual per year and the minimum amount is \$19,240 per individual per year. At the time of application and in the event of a claim, proof of earnings in the form of your most recent T4, T1 General or Statement of Business Activities is required for coverage amounts above \$19,240.

Name	Title	Date of Birth	SIN	Coverage Amount
_____	_____	<u>DD/MM/YYYY</u>	_____	_____
_____	_____	<u>DD/MM/YYYY</u>	_____	_____
_____	_____	<u>DD/MM/YYYY</u>	_____	_____

10. DECLARATION: I declare that all the information provided is true and correct to the best of my knowledge.

Signature : _____ Date : _____
Name (please print) : _____ Title : _____

TO SPEED REGISTRATION PROCESSING, PLEASE FAX THIS FORM TO: (306)787-4205 OR TOLL-FREE 1-877-220-1671