

## Application for Voluntary Farm Coverage

I/We \_\_\_\_\_ of \_\_\_\_\_ apply to the Saskatchewan Workers' Compensation Board to have all my/our workers employed either temporarily or otherwise in the business of \_\_\_\_\_ protected under the [Workers' Compensation Act, 2013](#), and **agree to give notice of this application to my/our worker(s) or employer(s) and their trade union, if applicable.** This application remains in effect and coverage continues on a year-to-year basis unless written notification is received from the employer to cancel, or it is terminated by the Saskatchewan Workers' Compensation Board for non-compliance with the provisions of the Act.

### Coverage for relatives

All family members, except the wife or husband of a proprietor or partner, are considered workers and are entitled to coverage if they are paid a regular wage and shown on the employer's payroll records. If not, the family member is viewed as a volunteer. The amount of such earnings plus the value of free room and board will be included in both the actual and estimated wages reported.

**Coverage becomes effective from 12:01 a.m. on the day following receipt of the request in the Saskatchewan Workers' Compensation Board office.**

Dated at \_\_\_\_\_, this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Witness (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

If you have any questions while filling out this application please contact us.

**Please return completed application to:**

**Email:** [employerservices@wcsask.com](mailto:employerservices@wcsask.com)

**Fax:** 1.877.220.1671 or 306.787.4205

**Mail: Employer Service**

200 – 1881 Scarth Street

Regina SK S4P 4L1

**Please keep a signed copy for your records**