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RCF

Classification Change form

The Saskatchewan Workers' Compensation Board (WCB) uses a classification structure that groups similar employers into rate codes based on the nature of their industrial undertaking and not the specific occupations of each individual. A classification is determined by the work, trade or service in which the employer is engaged. Employers operating in similar industries, or providing similar services, are grouped together and pay the same industry premium rate to promote fairness and equity for all employers.

Please complete if the nature of your business has changed, is misclassified or has added operations in an additional industry.

Section A: Business information					
Business name:	Firm number:				
Phone:	Email address:				
Contact name:	Position:				
	out by someone in your organization who has complete knowledge of the business'				
Section B: Classifi	cation information				
Please answer the follow	wing questions to help us review your classification.				
1. I think my business	s is incorrectly classified because:				
☐ My operations	have been misclassified with the WCB from the beginning.				
🗌 I am no longe	r providing the same service(s) and need a new classification.				
My business of	operations are the same, but I now provide additional goods and/or service(s).				
2. What date did you	r business operations change? Date:				
Or	(MM/DD/YYYY)				
Was it a gradual cl □ Yes □	hange? (no specific date because the operations evolved over time) No				
3. What do you do?					
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4. Please list the names of persons or businesses who have paid your business to do this work.

5. If you have operations in multiple industries:

Depending if your business divisions are truly distinct and independent, you may be eligible for separate industry classifications. If it has been determined that the additional operation is not independently viable, the WCB will assign a single industry classification based on the business with the highest industry premium rate per point 8 of the Employer Classification Policy (POL 14/2011).

a. My business maintains separate payrolls, workers (excluding administrative staff), revenues and expenses (records) between each operation.

□Yes	□No	⊡N/A
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b. My business operations operate separately, with distinct sources of revenue. They do not rely on each other for work.

Yes No ∏N/A

c. If one operation was to cease, the other would continue operating. □N/A

TYes ∏No

6. Please provide any additional information to this classification change:

Section C: Declaration

Read carefully

By submitting this form, I certify and declare the following: that all the information provided is true, complete, and correct to the best of my knowledge; I am authorized by, and on behalf of, the business to make this declaration; I fully understand the content, the requirements of the submission, and that the WCB will use and rely on this information in the management of our business account; I understand this declaration; and that I or the business may be committing an offence and may be liable to statutory penalty or criminal prosecution if I make any false statement, provide any false or misleading information, or omit to provide any relevant information.

Position:			Contact name:		
Signature:	Please print & sign form before mailing/ faxing.	Phone:		Date:	
		-			(MM/DD/YYYY)