

Application to add Personal Optional Protection to an active account

If you're injured on the job, your Personal Optional Protection insurance provides compensation.

It also covers the costs of health care and rehabilitation services to help you recover and return to important activities, including work.

1. Who can apply for Personal Optional Protection?

If you're a self-employed proprietor, or a partner in a partnership, you may be eligible for Personal Optional Protection coverage, which is optional workplace disability insurance.

2. How much does it cost?

The amount you pay depends on the type of business you're in and the coverage you've purchased. For example, if you're a courier driver supplying your own vehicle in 2024, you'll be charged at a premium rate of 3.03 percent. So, if you select \$2,900 for your monthly coverage, your monthly premium will be \$87.87. Learn more about the [rates for the type of work you do](#) at worksafebc.com.

3. How much coverage should I buy?

Personal Optional Protection is an insurance plan to replace lost wages and cover medical care, so the amount you purchase should reflect your actual earnings. In 2024, you can choose between \$2,900 and \$9,725 of monthly coverage. Please note that the coverage you purchase shouldn't exceed your personal net income before tax, and that you must provide proof of earnings if you apply for more than \$5,000 a month. If you're eligible for disability benefits from the Canada Pension Plan, please read the answer to the next question carefully before selecting your coverage amount.

4. How much will I receive if I'm injured?

Generally, WorkSafeBC pays wage-loss benefits based on 90 percent of net average earnings; that is, the average amount remaining after probable deductions for income taxes, Canada Pension Plan (CPP) contributions, and Employment Insurance (EI) premiums. The Personal Optional Protection coverage you select is considered personal net income before tax. To determine your net earnings, subtract

the amounts equivalent to the probable deduction for income tax, CPP, and EI from the coverage you've purchased. Wage-loss benefits are then based on 90 percent of the amount remaining. Keep in mind that your Personal Optional Protection wage-loss benefits may be reduced if you receive a WorkSafeBC pension or any other form of earnings throughout your claim. Also, while on a claim, if you hire a substitute worker to do the work you were doing prior to your injury, your Personal Optional Protection wage-loss benefits will not cover payments made to the substitute worker.

Based on your coverage, here's an estimate of the amount you will receive:

Monthly coverage selected	Approximate monthly wage-loss benefit
\$2,900 (minimum coverage)	\$2,262
\$4,000	\$2,988
\$5,000	\$3,600
\$7,000	\$4,870
\$8,000	\$5,500
\$9,500	\$6,395

If you're injured and have reached the usual retirement age of 65, your wage-loss benefits will be reduced, unless you can provide evidence that you would have continued working beyond that age.

If you've been permanently disabled by a work-related injury or disease, you'll be assessed for disability benefits. A permanent disability award may be reduced by an amount equal to 50 percent of any benefit paid under the Canada Pension Plan. You should take these factors into account when deciding how much coverage you need.

In the case of work-related fatalities, WorkSafeBC contributes to funeral costs and pays survivor benefits directly to dependants. Those benefits may vary depending on the age and number of dependants and may also be affected by CPP survivor benefits.

5. If I'm injured or become ill, what other services will I receive?

You'll receive the medical care you'll need to recover, including appointments with physicians and specialists if required; lab, x-ray services, and medical supplies; and prescription drugs. If you need assistance getting back to work, you may also receive vocational assessment and planning, counselling, and skills development and placement assistance.

6. How do I apply for Personal Optional Protection?

The quickest way to apply for coverage is online at worksafebc.com/insurance. Please note that by completing and submitting an application, you are actively applying to purchase WorkSafeBC insurance coverage. Once we receive your application, we need about 10 business days to gather information, review your application, and notify you of our decision.

If you prefer, you can complete the attached Personal Optional Protection application form and return it by mail or email. To avoid delays in our review of your application, remember to complete all applicable sections and sign it.

You can complete this form digitally or by hand. To complete it digitally, you must use Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

To complete and submit this form digitally:

1. Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader.
2. Type your information in the form and attach any additional documents using the **Attach** button.
3. Sign your form, save it, and then click the **Submit** button.
4. An email will pop up. Ensure your completed Form 1801 is attached and insuranceapps@worksafebc.com appears in the "To" field, then click **Send**.

7. When will my coverage come into effect?

If your coverage is accepted, it will come into effect the day we received your application, as long as you have fully completed all sections legibly. If you want your coverage to begin on a future date, specify it in your application.

8. How long will my coverage remain in effect?

Your coverage will be renewed automatically every payment period — whether you pay quarterly or annually — and will remain in effect with premiums payable until you or WorkSafeBC cancels it.

9. How do I pay my premiums?

You can pay your premiums on worksafebc.com, at your bank, or by mail. The easiest way to keep your payments up to date is by signing up for pre-authorized payments through your [online services account](#). **To avoid the cancellation of your coverage, you must make your payment by the invoice due date**, and you must comply with WorkSafeBC's occupational health and safety regulations. If your coverage is cancelled, you will need to re-apply.

10. What should I do if I'm injured or become ill?

Seek medical attention. Be sure to tell your doctor your injury or illness is work-related. As soon as you can, [report your injury](#) to WorkSafeBC by calling our Teleclaim Centre toll-free at 1.888.967.5377 (Monday to Friday, 8 a.m. to 6 p.m.).

11. If I'm injured at work, can I still pursue legal action?

Registering for coverage may negate your rights to pursue legal action if you're injured at work or while conducting business on your firm's behalf. Before you register for Personal Optional Protection, you may want to seek advice from your lawyer.

12. What happens if I incorporate my business?

Personal Optional Protection is available only to proprietors and partners of unlimited companies. If you incorporate your business, you're no longer eligible for Personal Optional Protection and should complete the [Legal Entity Change \(Form 18E201\)](#), available on worksafebc.com, to advise of the change.

13. I don't employ any workers now, but may hire some in the future. What should I do at that time?

You should contact our Employer Service Centre immediately to set up worker coverage on your account. This is required by law.

14. Is my spouse covered?

A paid spouse of a proprietor is exempted from coverage and may apply for voluntary coverage. If you would like to apply for this coverage, please complete the [Application for Voluntary Spousal Coverage \(Form 18E7\)](#), available on worksafebc.com.

15. How can I get more information?

Visit worksafebc.com/POP, where you'll find a wealth of information about Personal Optional Protection, the benefits of your coverage, and vocational rehabilitation services for people who sustain an occupational injury or disease. You can also contact our Employer Service Centre at 604.244.6181 or 1.888.922.2768 (Monday to Friday, 8:30 a.m. to 4:30 p.m.).

Application for Personal Optional Protection

Please read the summary of terms and conditions on the last page of this application carefully. Each partner requesting coverage must submit a separate application. **Do not use the "Fill & Sign" tool in Acrobat; simply click in the field you'd like to fill.**

I have included my completed Registration Application form with this application.

Legal name of firm (name of proprietorship or partnership)		Business/trade name (if applicable)		Business phone number	
Business mailing address			City	Province	Postal code
Email address		Have you ever had an account with WorkSafeBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the account number?	

What type of business(es) does your firm primarily operate? (e.g., restaurant, courier services, house framing)	What percentage of revenue does your firm generate from each business?
Business 1	Business 1 percentage revenue %
Business 2	Business 2 percentage revenue %

Applicant's first name	Middle name	Last name	Phone number	
Select appropriate type of firm <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		Date of birth (yyyy-mm-dd) (required)	Alternate phone number	
Home address		City	Province	Postal code

Enter the coverage amount you wish to purchase. The amount you select should reflect your monthly earnings.

Requested monthly coverage: (for 2024, the minimum is \$2,900.00 and the maximum is \$9,725.00). Benefits may be reduced if you receive a pension or any other form of earnings throughout the duration of a claim. \$ _____ Enter your initials: _____
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If you request more than \$5,000.00, you have the following two options:

Option A Provide your most recent Notice of Assessment and one of the following documents with your application to demonstrate your self-employed net income: <ul style="list-style-type: none"> • T2125 Statement of Business Professional Activities or • T1 General Tax Form 	Option B Have a chartered professional accountant complete and sign the area below. Send the completed and signed form to our Employer Service Centre by mail, or scan or take a clear photo of the form and email it to insuranceapps@worksafebc.com .
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I hereby certify that the applicant's personal net income before tax for the previous year was equal to or exceeded the coverage requested.			
Accountant's name (print or type)	Designation	Business phone number	Accountant's signature (handwritten or digital)
Business address		City	Province Postal code

<input type="checkbox"/> I would like my coverage to begin on a specific future date. Enter date (yyyy-mm-dd)
<input type="checkbox"/> I would like my coverage to end on a specific date. Enter date (yyyy-mm-dd)

Voluntary Spousal Coverage

If you are a proprietor and are applying for coverage for your spouse, please complete the Application for Voluntary Spousal Coverage (Form 18E7), available at worksafebc.com/form-18e7.

Please sign your application. If accepted, your coverage will remain in effect for a minimum of one month or until cancelled by you or WorkSafeBC. You will be notified of the cancellation via correspondence.

I am the applicant or the agent of the applicant. By submitting this application, I confirm that the applicant is not a worker or an employee of another; is a proprietor or partner in an independent business; is seeking personal coverage; is agreeing to assume obligations under the *Workers Compensation Act*; and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm that the information provided is complete and accurate, and I understand that it is a prosecutable offense to provide false or misleading information or to omit relevant information from this application.

Signature of applicant or authorized representative (handwritten or digital)	Relationship to applicant	Date (yyyy-mm-dd)
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Application for Personal Optional Protection

WorkSafeBC's commitment to protecting your privacy

WorkSafeBC is committed to protecting [privacy](#) and [personal information](#) as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service, and any emails you send to WorkSafeBC through your email service may not be secure.

By checking "yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission [in writing](#) at any time.

I grant WorkSafeBC permission to send me emails that may contain personal information Yes No

Summary of terms and conditions

1. Once this application is accepted by WorkSafeBC, the terms and conditions form part of a legally binding contract.
2. These terms and conditions incorporate by reference [Assessment Manual](#) item AP 1-4-3 and related practice directives (available online at worksafebc.com) and carry the same force and effect as those documents.
3. WorkSafeBC may periodically revise Assessment Manual item AP 1-4-3 and related practice directives, including the minimum amount of Personal Optional Protection coverage available. Once published, those revisions are incorporated into the terms and conditions and apply to every continued Personal Optional Protection contract.
4. You may submit an application for Personal Optional Protection [online](#) or on the prescribed form by mail or via email (e.g., using the Submit button). Once you've submitted your application, WorkSafeBC will advise you whether or not it has been accepted.
5. Reasons why coverage will not be granted include:
 - a) The application is incomplete, unsigned, or illegible.
 - b) The terms of the application have been altered.
 - c) You are a registered employer and are not in compliance with your reporting and remitting requirements.If your application is rejected, we will advise you by mail. You may reapply for coverage when the reasons for rejection have been addressed.
6. If your application is accepted, your coverage is effective on the date your application was received by WorkSafeBC, or at a later date specified by you in the application.
7. If you suffer a work-related injury or illness, your benefits can include wage-loss, health care, vocational rehabilitation, and permanent disability benefits. Disability benefits may be reduced if you receive a pension from WorkSafeBC or another organization.
8. Subject to the aggregate statutory maximum, WorkSafeBC pays wage-loss benefits based on 90 percent of net average earnings; that is, the amount remaining after probable deductions for income taxes, Canada Pension Plan contributions, and Employment Insurance premiums. For Personal Optional Protection, the amount of coverage purchased is equivalent to net income before taxes, and net earnings are determined by subtracting amounts equivalent to probable deductions. Wage-loss benefits are then 90 percent of the amount remaining.
9. In the case of a work-related fatality, WorkSafeBC will pay toward funeral costs. Survivor benefits may vary depending on the age and number of dependants and may also be affected by Canada Pension Plan survivor benefits. Survivor benefits are paid directly to dependants.
10. Personal Optional Protection is subject to a **one-month minimum charge per application**. Premiums will be charged for a full month, even if the applicant requests coverage for a shorter period.
11. Your initial premium is due within 20 days of the effective date of your coverage. Subsequent premiums may be billed quarterly or annually.
12. Once this application is accepted, your coverage will remain in effect until cancelled by you or WorkSafeBC. You may cancel your coverage online; by completing [Form 18E204 \(Account Cancellation Request\)](#), available on worksafebc.com; or by mailing your written request for cancellation to WorkSafeBC. You will be notified of the cancellation via correspondence, mailed to the last address you provided to WorkSafeBC's Assessments department. If payment is not received by the invoice due date, your coverage will be cancelled and you will need to re-apply.
13. WorkSafeBC may terminate coverage immediately and without notice if you (or your firm):
 - a) Fail to advise WorkSafeBC of every material fact affecting your coverage
 - b) Fail to pay your premium or provide required payroll information
 - c) Do not provide information to WorkSafeBC or a WorkSafeBC officer as and when requested
 - d) Do not allow officers of WorkSafeBC to inspect your worksite, premises, or records
 - e) Fail to comply with an order or direction issued by WorkSafeBC under Part 2 of the *Workers Compensation Act*
 - f) Experience a change in eligibility status (i.e., if you are no longer a proprietor or partner)

Freedom of Information and Protection of Privacy Act

Personal information on this application is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of the administration of the *Workers Compensation Act*. For questions about the collection of personal information, please contact WorkSafeBC's FIPP Office at 604.279.8171 or email FIPP@worksafebc.com.

Please return your application by mail or by email (e.g., by clicking the Submit button).

You can also [apply for Personal Optional Protection online](#) at worksafebc.com.

Mailing Address

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5
worksafebc.com

Location

6951 Westminster Highway
Richmond BC

Employer Service Centre

Phone 604.244.6181
Toll-free in Canada
1.888.922.2768