

Alternative Assessment Procedure Overview

February 20, 2020

Association of Workers' Compensation Boards of Canada



Agenda

- 1 Overview
- 2 Eligibility
- 3 General rules
- 4 Key dates
- 5 Sample application and letters

For more information, please refer to the AWCBC ***Interjurisdictional Fact Sheet*** and the ***Interjurisdictional Agreement on Workers' Compensation*** on the AWCBC website, where a list of contact information for each provincial jurisdiction can also be found: www.awcbc.org

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Interjurisdictional Agreement (IJA)

Intent of the IJA (before contents section):

1. To avoid double payment of assessments for the same work.
2. To help workers/dependents where more than one Board may be involved.
3. To permit a Board to help another Board's claimants.
4. To resolve disputes between Boards.

Section 1.2 – Intent of the Agreement:

- a) To promote and ensure effective, efficient and timely administration...
- b) To facilitate the acceptance of all compensable claims...
- c) To ensure employers do not have to pay assessments to more than one Board for employees who are employed in more than one jurisdiction.

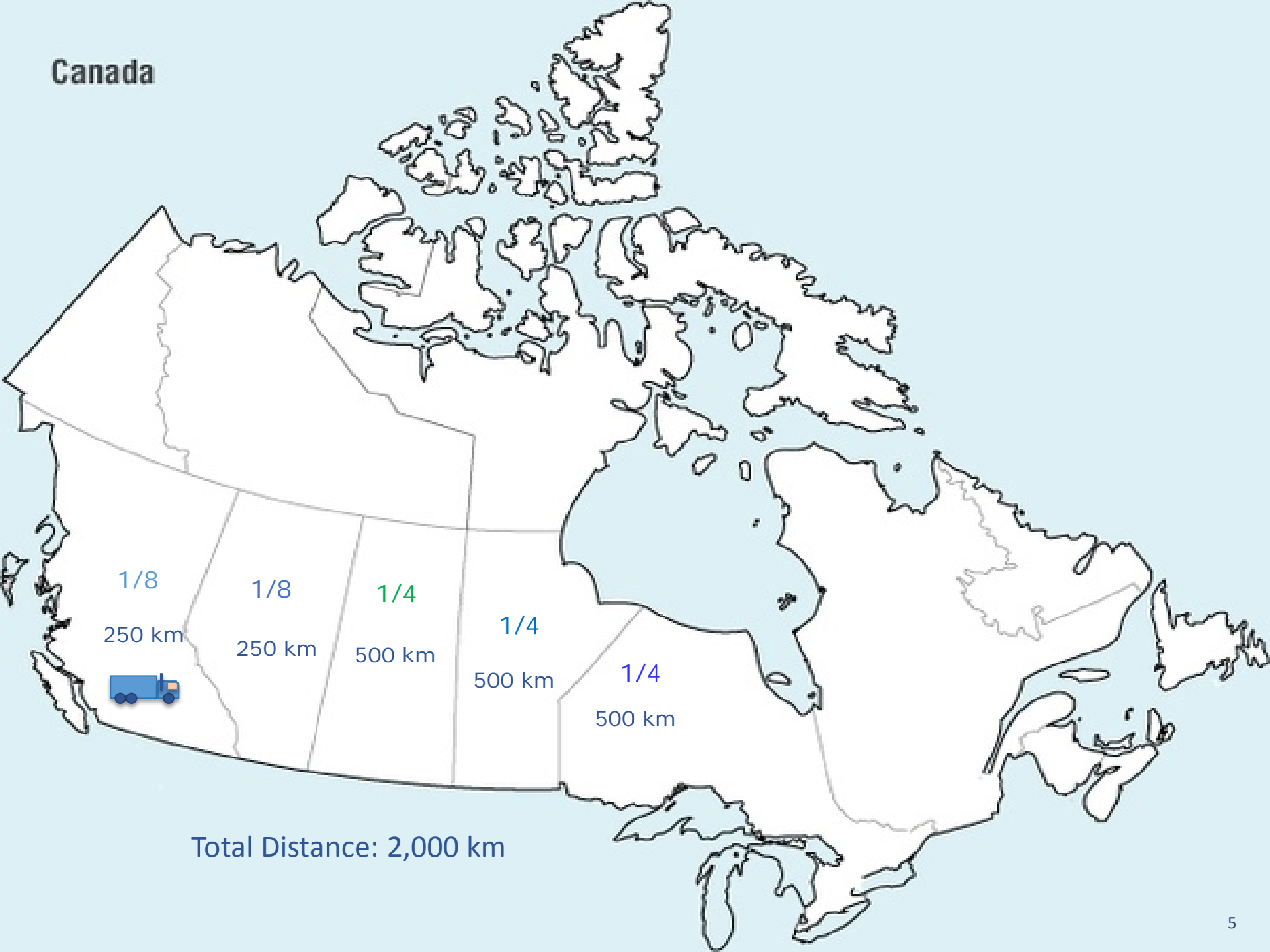


Alternative Assessment Procedure (AAP)

- Specifically for trucking and transportation firms
- Allows firms to pay premiums in the jurisdiction where a worker resides and/or usually works
- Optional (i.e. firms must elect/apply to be part of AAP)

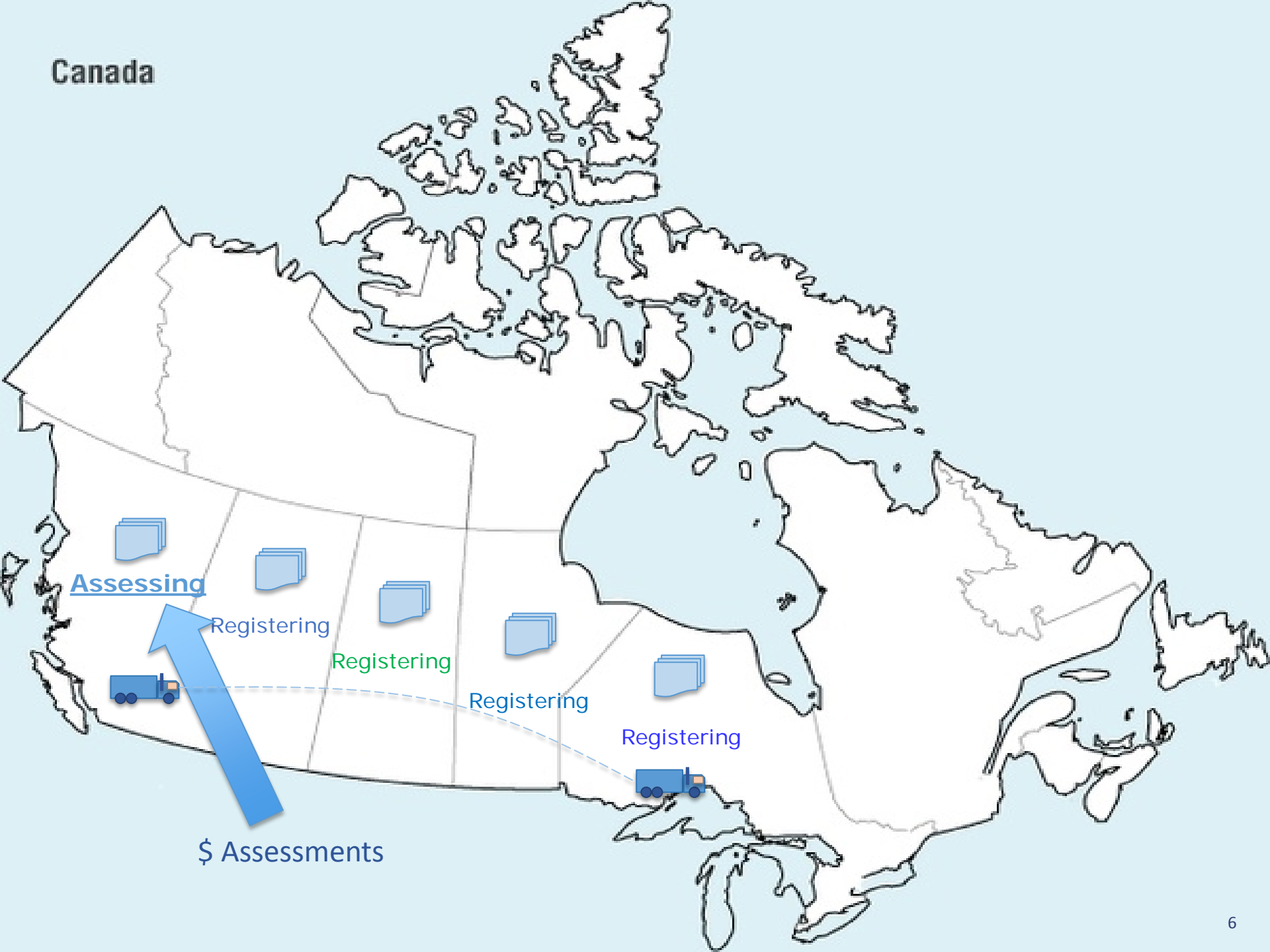


Canada



Total Distance: 2,000 km

Canada



Eligibility for AAP

The firm must be an...

- employer with a worker who works in more than one jurisdiction
- independent operator with optional coverage who works in more than one jurisdiction

...operating in one of the following industries:

- Bulk liquids trucking
- Couriers, messengers, delivery
- Dry bulk materials trucking
- Forest products trucking
- General/specialized freight trucking
- Used household and office goods moving
- Interurban and rural bus transportation (2015)
- Charter bus industry (2015)
- Land scenic and sightseeing transportation (2015)
- Pilot cars (2017)

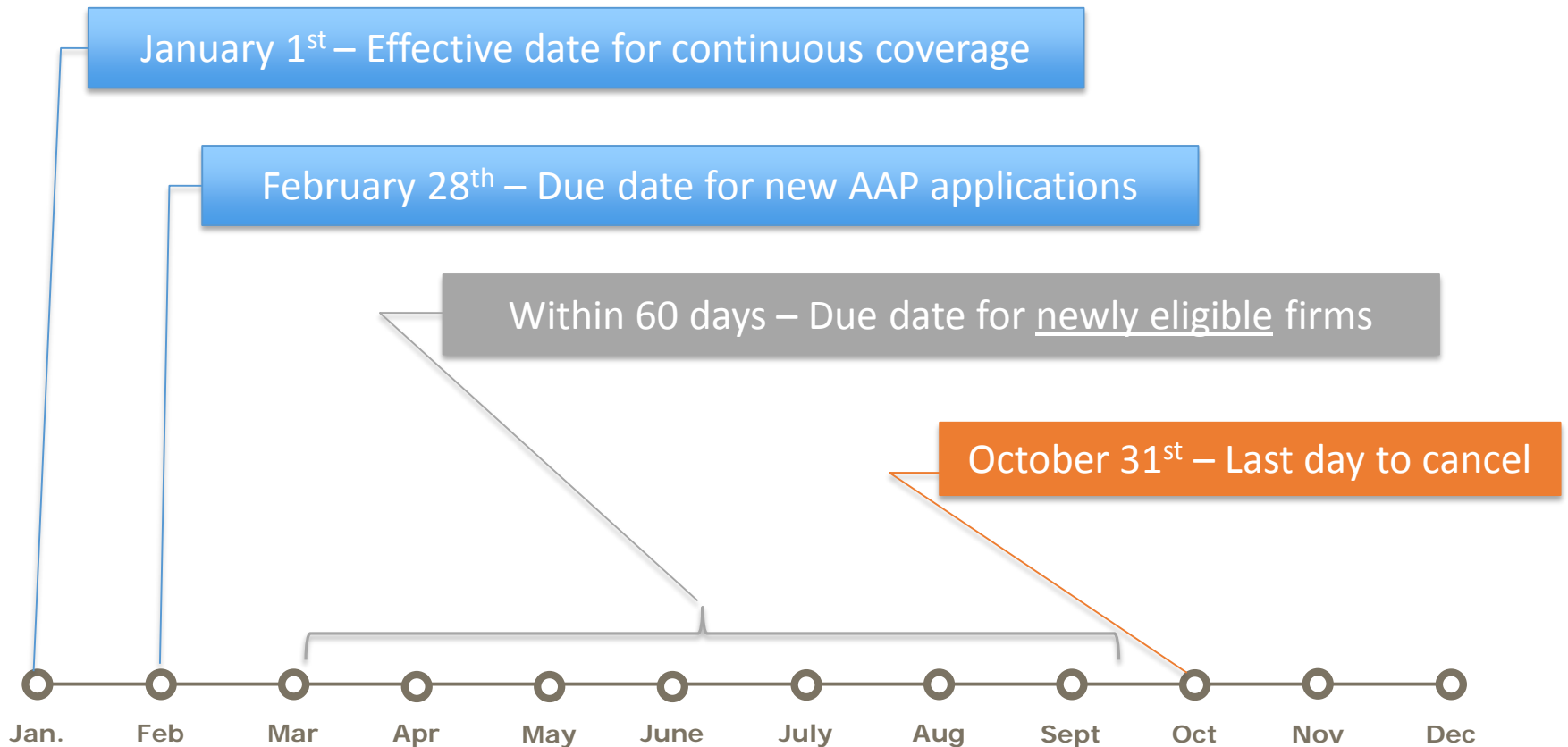


General rules

- The Assessing Board must notify other jurisdictions
- Each jurisdiction determines worker status independently
- Coverage is continuous until cancelled
- Cannot opt out part way through the year (unless no longer eligible)
- Worker can file a claim in the jurisdiction of injury OR residence



Key dates



Living in one province; working in another

Definitions

12.1 In this section:

- a) “AAP” means the elective...procedure under which an Electing Participant pays all assessments...in respect of a Worker...to one Assessing Board (where the Worker lives most of the time)



Canada



Canada



Sample Application and Letters



Standard Application Form

APPENDIX D

LOGO HERE	Application for the Alternative Assessment Procedure (AAP) for Interjurisdictional Trucking and Transport
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Introductory paragraph(s) goes here. Intro paragraphs should include form submission instruction and contact information, in case someone has questions about the form. NOTE: This form will generally only be sent to a firm that is already registered with their home jurisdiction.

Board name account number		Start date of interjurisdictional operations (yyyy-mm-dd)		
Legal name		Trade name		
Contact person		Position title		
Phone number (include area code)		Fax number (include area code)		
Mailing Address				
<i>Please check as applicable.</i>	<i>Workers travel in or through...</i>	<i>Workers live in...</i>	<i>The firm has a place of business in...</i>	<i>Account number (if you are registered in another jurisdiction)</i>
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Northwest Territories and Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Québec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eligible industries				
<i>Please indicate the industry in which your firm is operating (check all that apply).</i>				
Bulk Liquids Trucking	<input type="checkbox"/>	General Freight Trucking	<input type="checkbox"/>	
Couriers, Messengers and Delivery	<input type="checkbox"/>	Specialized Freight Trucking	<input type="checkbox"/>	
Dry Bulk Materials Trucking	<input type="checkbox"/>	Used Household and Office Goods Moving	<input type="checkbox"/>	
Forest Products Trucking	<input type="checkbox"/>	Other (please specify)		
Declaration				
<ul style="list-style-type: none"> I am the applicant or its authorized agent. By submitting this application, I confirm that the applicant is seeking to elect the Alternative Assessment Procedure (AAP); is agreeing to assume obligations under the <i>Workers Compensation Act</i>; 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. The applicant firm grants authority to the Assessing Board to provide information, including personal information, to Participating Boards which, at the sole discretion of the Assessing Board, is considered necessary for the effective administration of the AAP. 				
Name of authorized signing authority (please print)		Position title		
Signature of authorized signing authority		Date (yyyy-mm-dd)		



Sample Application from Alberta WCB

Customer Service



9912 - 107 Street Phone: 780-496-3900
 PO Box 2415 Fax: 780-496-7999
 Edmonton AB T5J 2S5 Website: www.wcb.ab.ca
 Toll Free: 1-866-922-9221

Account Number: [REDACTED]

Dear Employer:

RE: Alternative Assessment Procedure – Interjurisdictional Trucking and Transport

Thank you for your application to participate in Alternative Assessment Procedure for Interjurisdictional Trucking and Transport (AAP).

Your coverage is effective February 15, 2018. Where necessary, we have notified the Workers' Compensation Board of those province(s) you travel through to inform them that you will be paying all premiums to WCB-Alberta for employees who reside in Alberta.

Participation is for a full calendar year and mid-year changes will not be permitted. To withdraw, written notice is required to each assessing Board prior to the commencement of the applicable calendar year. Coverage will then be withdrawn effective January 1 of the next calendar year.

Please contact our office if you have any questions regarding this matter.

For more information or to access our online services, please visit www.wcb.ab.ca.

Sincerely,

[REDACTED]

CC WCB @ MB, SK

RECEIVED
 MAR 08 2018
 ASSESSMENT DEPARTMENT



A596

Application for the Alternative Assessment Procedure (AAP) for Interjurisdictional Trucking and Transport

Please complete all sections of this form and return to the WCB-Alberta by fax or mail, using the contact information on the back page.

WCB-Alberta account number [REDACTED]	Start date of interjurisdictional operations (yyyy-mm-dd) [REDACTED]
Legal name [REDACTED]	Trade name [REDACTED]
Contact person [REDACTED]	Position title [REDACTED]
Phone number (include area code) [REDACTED]	Fax number (include area code) [REDACTED]
Mailing Address [REDACTED]	

Please check as applicable.	Workers travel in or through...	Workers live in...	The firm has a place of business in...	Account number (if you are registered in another jurisdiction)
Alberta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
British Columbia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Manitoba	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Northwest Territories and Nunavut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quebec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saskatchewan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RECEIVED
 MAR 08 2018
 ASSESSMENT DEPARTMENT

Eligible industries

Please indicate the industry in which your firm is operating (check all that apply).

Bulk Liquid Trucking	<input checked="" type="checkbox"/>	General Freight Trucking	<input checked="" type="checkbox"/>
Couriers, Messengers and Delivery	<input checked="" type="checkbox"/>	Specialized Freight Trucking	<input checked="" type="checkbox"/>
Dry Bulk Materials Trucking	<input checked="" type="checkbox"/>	Used Household and Office Goods Moving	<input checked="" type="checkbox"/>
Forest Products Trucking	<input checked="" type="checkbox"/>	Other (please specify)	

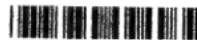
Declaration

I am the applicant or its authorized agent. By submitting this application, I confirm that the applicant is seeking to elect the Alternative Assessment Procedure (AAP); is agreeing to assume obligations under the Alberta Workers' Compensation Act; and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm the information provided is complete and accurate.

The applicant grants authority to the Assessing Board to provide information, including personal information, to Participating Boards which, at the sole discretion of the Assessing Board, is considered necessary for the effective administration of the AAP.

Name of authorized signing authority (please print) [REDACTED] Position title [REDACTED]

Signature of authorized signing authority [REDACTED] Date (yyyy-mm-dd) [REDACTED]



A596



Sample Application – multiple assessing boards

Customer Service



9912 - 107 Street
PO Box 2415
Edmonton AB T5J 2S5

Phone: 780-498-3999
Fax: 780-498-7999
Website: www.wcb.ab.ca
Toll Free: 1-866-922-9221

Account Number: [REDACTED]

Dear Employer:

RE: Alternative Assessment Procedure – Interjurisdictional Trucking and Transport

Thank you for your application to participate in Alternative Assessment Procedure for Interjurisdictional Trucking and Transport (AAP).

Your coverage is effective February 28, 2018. Where necessary, we have notified the Workers' Compensation Board of those province(s) you travel through to inform them that you will be paying all premiums to WCB-Alberta for employees who reside in Alberta.

Participation is for a full calendar year and mid-year changes will not be permitted. To withdraw, written notice is required to each assessing Board prior to the commencement of the applicable calendar year. Coverage will then be withdrawn effective January 1 of the next calendar year.

Please contact our office if you have any questions regarding this matter.

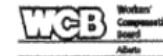
For more information or to access our online services, please visit www.wcb.ab.ca.

Sincerely,



CC WCB @ [REDACTED] MB, NB, NL, NS, NT, ON, PEI, QC, SK, YT

RECEIVED
MAR 08 2018
ASSESSMENT DEPARTMENT



A596

Application for the Alternative Assessment Procedure (AAP) for Interjurisdictional Trucking and Transport

Please complete all sections of this form and return to the WCB-Alberta by fax or mail, using the contact information on the back page.

WCB-Alberta account number [REDACTED]	Start date of interjurisdictional operations (yyyy-mm-dd) [REDACTED]
Legal name [REDACTED]	Trade name [REDACTED]
[REDACTED]	Position title [REDACTED]
[REDACTED]	Fax number [REDACTED]

Please check as applicable.	Workers travel in or through...	Workers live in...	The firm has a place of business in...	Account number (if you are registered in another jurisdiction)
Alberta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[REDACTED]
British Columbia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Manitoba	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
New Brunswick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Newfoundland and Labrador	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Northwest Territories and Nunavut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Nova Scotia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Ontario	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[REDACTED]
Prince Edward Island	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Quebec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[REDACTED]
Saskatchewan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Yukon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]

Eligible Industries

Please indicate the industry in which your firm is operating (check all that apply).

Bulk/Liquid Trucking	<input type="checkbox"/>	General Freight Trucking	<input checked="" type="checkbox"/>
Couriers, Messengers and Delivery	<input type="checkbox"/>	Specialized Freight Trucking	<input checked="" type="checkbox"/>
Dry Bulk Materials Trucking	<input type="checkbox"/>	Used Household and Office Goods Moving	<input checked="" type="checkbox"/>
Forest Products Trucking	<input type="checkbox"/>	Other (please specify)	

Declaration

- I am the applicant or its authorized agent. By submitting this application, I confirm that the applicant is seeking to elect the Alternative Assessment Procedure (AAP); is agreeing to assume obligations under the Alberta Workers' Compensation Act; and has read or otherwise fully understands the content, requirements, and declaration of this application. Further, I confirm the information provided is complete and accurate.
- The applicant grants authority to the Assessing Board to provide information, including personal information, to Participating Boards which, at the sole discretion of the Assessing Board, is considered necessary for the effective administration of the AAP.

Name of authorized agent (if other than applicant) [REDACTED]	Position title [REDACTED]
[REDACTED]	Date (yyyy) [REDACTED]



RECEIVED



Sample Denial Letter (late application)



[JT – Application not received within 60 days of new account template]

~[date]~

<Copy/Paste address from EAS– check attention line>
Attention: ~[employer contact name]~

Dear ~[employer contact name]~:

**Subject: WorkSafeBC Account Number ~[account number]~
Application for the Alternative Assessment Procedure for Interjurisdictional
Trucking and Transport**

I refer to your application received ~[application received date]~, in which you requested your firm's enrollment in the *Alternative Assessment Procedure for Interjurisdictional Trucking and Transport* (the "AAP").

A firm that enrolls in the AAP will pay workers compensation assessments for each driver to the workers' compensation authority of the province in which the driver lives and usually works.

I have reviewed the information provided to me and determined the following:

- The firm registered with WorkSafeBC effective ~[start date of account]~.
- The firm is currently assigned classification ~[CU# assigned]~ - ~[CU name]~.
- The firm has a place of business located in British Columbia and drives in or through British Columbia as well as other provinces and/or territories.
- The firm requested enrollment in the AAP on ~[application received date]~.

A firm that is newly registered with WorkSafeBC must enrol in the AAP by submitting an application within 60 days of the effective date of their WorkSafeBC account. As your application was not received until ~[application received date]~, we are unable to register your firm in the AAP for the current calendar year at this time.

If you wish to enrol in the AAP for the next calendar year, ~[the next calendar year]~, please be sure to submit your application **between January 1 and February 28**, ~[the next calendar year]~.

Please note that if you employ a worker who is lives in a province or territory in Canada other than British Columbia, it is your responsibility to contact the workers' compensation board or commission in that jurisdiction to ensure registration requirements have been met.

Appeal

If you have questions, comments, or concerns, you may contact the Assessment Department at 1 888 922-2768 or 604 244-6181.

The Assessment Department may reconsider this decision within 75 days of the date of this decision if there is evidence that this decision involved an error of law or fact, or contravened published policy. The department cannot reconsider this decision outside of the 75 days or once a Request for Review has been filed with WorkSafeBC's Review Division.

A Request for Review must be submitted to the Review Division within 90 days of the date of this decision; however, in extraordinary circumstances, the Review Division may extend the time. A Request for Review does not relieve a firm from its statutory obligations, or from paying amounts owed in dispute. If a firm's review is successful, its account and any payments are adjusted accordingly.

Independent advice, assistance, and representation regarding this matter may be obtained from the government of British Columbia's Employers' Advisers Office, which may be contacted at 1 800 925-2233 or eao@eao-bc.org.

Sincerely,

~[your name]~
~[your position]~
Employer Service Centre
WorkSafeBC



Sample Cancellation Letter (outgoing)

WORK SAFE BC WORKING TO MAKE A DIFFERENCE	Assessment Department		www.worksafebc.com
	Mailing Address PO Box 5350 Stn Terminal Vancouver BC V6B 5L5	Location 6951 Westminster Highway Richmond BC	Telephone 604 244-6181 Toll-free within BC 1 888 922-2768 Fax 604 244-6490

[AAP for IJT cancelled – notification to account holder template]

█

|
█

Dear █:

Subject: Account number: █
Cancellation of participation in the Alternative Assessment Procedure for
Interjurisdictional Trucking

For your information, WorkSafeBC (the Workers' Compensation Board of British Columbia) has cancelled your account, effective █.

As a result of this cancellation, your firm is no longer a participant in the Alternative Assessment Procedure for Interjurisdictional Trucking.

If you have any questions, please contact our Employer Service Centre during regular business hours toll free at 1 888 922-2768 or 604 244-6181, Monday through Friday.

Yours truly,

█

Employer Service Representative
Assessment Department

Copies to: Other WCBs participating in interjurisdictional trucking



Sample Cancellation Letter (incoming)

WORK SAFE BC WORKING TO MAKE A DIFFERENCE	Assessment Department		www.worksafebc.com
	Mailing Address	Location	Telephone 604 244-6181
	PO Box 5350 Stn Terminal Vancouver BC V6B 5L5	6951 Westminster Highway Richmond BC	Toll-free within BC 1 888 922-2768 Fax 604 244-6400

[AAP for IJT cancelled – notification from other WCB template]

█

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Dear █:

**Subject: Account number █
Your participation in the Alternative Assessment Procedure for
Interjurisdictional Trucking**

We have been notified by the Workers' Compensation Board of █ that you no longer participate in the Alternative Assessment Procedure for Interjurisdictional Trucking.

As a result, we have removed your name from our list of participants for interjurisdictional trucking in British Columbia.

If your firm operates in B.C. in the future, please contact our Employer Service Centre to discuss your needs and registration requirements. You can reach the centre during regular business hours toll free at 1 888 922-2768 or 604 244-6181, Monday through Friday.

For future reference, you can also find the application for interjurisdictional trucking on our web site at WorkSafeBC.com

Yours truly,

█

Employer Service Representative
Assessment Department



Sample Cancellation Letter (from Quebec)



February 17, 2020

Service de la gestion des
versements (SGV)
530, bouf. de l'Atrium, bur. 450
C. P. 1200, succ. Terminus
Québec (Québec) G1K 7E2
Tel: 418 266-4809
or 1 800 613-3052
Fax: 418 266-4726

Quebec enterprise number (NEQ):

**Re: Termination of participation in the Alternative Assessment Procedure for
interjurisdictional transport – Occupational health and safety**

Madam,

Given the fact that your enterprise has completely ceased its activities, we are writing to inform you that we have terminated your participation in the **Alternative Assessment Procedure**, as provided for in the *Interjurisdictional Agreement on Workers' Compensation*, as of December 31, 2019.

The number of relevant experience file is . Based on the information that you provided to us, we have informed the workers' compensation boards for the provinces or territories in which you operated and those for the provinces or territories in which your workers reside, that we have terminated your participation.

Please feel free to contact us should you require further information regarding this matter.

Sincerely,



Sample Cancellation Letter (from Quebec)



Le 17 février 2020

Service de la gestion des
versements (SGV)
530, boul. de l'Atrium, bur. 450
C. P. 1200, succ. Terminus
Québec (Québec) G1K 7E2
Tél. : 418 266-4809
ou 1 800 613-3052
Télec. : 418 266-4726

Numéro d'entreprise du Québec (NEQ) :

**Objet : Fin de l'adhésion à la Structure de cotisation parallèle pour le
transport interprovincial – Santé et sécurité du travail**

Madame,

Compte tenu que votre entreprise a cessé ses activités de transport interprovincial, nous voulons vous informer que nous avons mis fin à votre adhésion à la Structure de cotisation parallèle, prévue dans l'Entente interprovinciale pour l'indemnisation des travailleurs, en date du 29 décembre 2019.

Le numéro de dossier d'expérience visé était le [redacted] Nous avons informé les commissions des provinces ou des territoires où vous poursuivez des activités et celles des provinces ou territoires où vos travailleurs étaient domiciliés, selon les renseignements que vous nous avez fournis, que nous avons mis fin à votre adhésion.

Nous vous invitons à communiquer avec nous si vous avez besoin de renseignements supplémentaires à ce sujet.

Nous vous prions d'agréer, Madame, nos salutations distinguées.



Questions



For more information, please refer to the AWCBC ***Interjurisdictional Fact Sheet*** and the ***Interjurisdictional Agreement on Workers' Compensation*** on the AWCBC website, where a list of contact information for each provincial jurisdiction can also be found: www.awcbc.org

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