

1.

Firm Number:  
 Business Number:  
 (Please confirm your 9 digit business number)

**WCB Annual Workers' Earnings Report 2009 and 2010 Calendar Years**  
 To avoid late filing penalties, please return the completed form by **February 28, 2010**

**Workers' Earnings Information:**

| Industry Code | Industry Code Description | 2) 2009 Actual Assessable* Workers' Earnings | 3) 2009 Actual Gross Workers' Earnings | 4) 2010 Estimated Assessable* Workers' Earnings | 5) 2009 Hours Worked |
|---------------|---------------------------|--|--|---|----------------------|
|               |                           |  |  |   |                      |
|               |                           |  |  |   |                      |

\*Assessable Earnings is generally the actual earnings of the workers – however, if any of your workers earn more than the annual assessable earnings maximum (\$83,000 in 2009 and \$89,000 in 2010), then only include their earnings to the maximum in that year. Gross Earnings include earnings above the maximum.

**Personal Coverage Applications:** (attach separate list if you need more space)

| Industry Code | 6) Surname | First Name | Initial | 7) Coverage Type | 8) 2009 Prorated Coverage | 9) 2009 Actual Earnings | 10) 2010 Requested Coverage |
|---------------|------------|------------|---------|------------------|---------------------------|-------------------------|-----------------------------|
|               |            |            |         |                  |                           |                         |                             |
|               |            |            |         |                  |                           |                         |                             |

11 a) If you are no longer employing, please provide the date you discontinued or sold the business: \_\_\_\_\_

| Industry Code | 2009 Estimate | 2009 Rate | 2010 Rate |
|---------------|---------------|-----------|-----------|
|               |               |           |           |

b) If you sold the business, please provide the name and address of the purchaser: \_\_\_\_\_  
 \_\_\_\_\_

**12. Contact Information:**(Indicate any changes, if necessary)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby certify the information on this report is true and correct:**

\_\_\_\_\_  
 Date Authorized Signature Position

**When Faxing This Form, Do Not Mail The Original**

**See Over**

## **CHANGES TO YOUR BUSINESS**

You must inform the WCB of any substantial changes to your business operation to ensure that your account is assigned to the correct industry. If you are not sure that you have been assigned to the appropriate industry, provide us with a written description of what your firm does and we will review it to determine if a change is required.

## **LATE FILING PENALTY**

Annual Workers' Earnings Reports received after February 28, 2010, will be charged a 5% penalty based on the firm's 2010 assessment premium. For firms that do not submit their completed reports by April 30, 2010, the WCB will estimate the firm's current year assessment premium and a 10% penalty will apply. The maximum late filing penalty is \$5,000. Postmarks recording the mailing date are not taken into consideration when charging late filing penalties.

## **PAYMENT OF PREMIUM**

It is not necessary to send payment with your Annual Workers' Earnings Report. An account statement will be mailed to you after the WCB receives and reviews your 2009/2010 Annual Workers' Earnings Report.

## **MINIMUM PREMIUM PER EMPLOYER**

The minimum yearly assessment premium is \$100 for firms in industries that are required to have coverage under the Workers Compensation Act and \$150 for firms in industries that voluntarily purchase coverage.

### **Fax:**

(204) 954-4900 or toll free 1-866-245-0796  
(If you fax, please don't mail your report. Keep your fax transmission confirmation report.)

### **Office Hours:**

8:30 a.m. to 4:30 p.m.  
Monday to Friday  
(Phone service will be extended from 8:00 a.m. until 5:00 p.m., February 22 – 26)

### **Mail or Drop Off:**

210 - 363 Broadway  
Winnipeg, MB R3C 3N9

### **After Hours Drop Off:**

Please use the WCB Mail slot at at the back of 333 Broadway.

**Please keep a copy of these forms for your records.**