

Closing Account Request

To avoid delays in the processing of your application, please complete **all** fields in **detail**.

Section A - Company Information

Account number	Legal business name		
Operating or trade name (if applicable)	Business phone number ()	Fax number ()	
Final mailing address <i>Street</i>	<i>City/Town</i>	<i>Province</i>	Postal code

Section B - Personal coverage information

Owner's/Director's legal name	P.C.I.D.	Is personal coverage to be terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's/Director's legal name	P.C.I.D.	Is personal coverage to be terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C - Employee information

Employers have 10 business days to notify WCB of closing worker information.

Industry (1):	Last date worker(s) employed:	Actual gross earnings from Jan. 1 to close date. *
Industry (2):	Last date worker(s) employed:	Actual gross earnings from Jan. 1 to close date. *

* Include all full-time, part-time, casual or temporary workers as well as all subcontractors who WCB-Alberta considers to be your workers for the current calendar year.

Section D - Business closing

Please indicate why the account is to be closed:			
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Bankruptcy/insolvency (See Section E)	<input type="checkbox"/> Voluntary operations withdrawal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cease of Operations/ no more workers	<input type="checkbox"/> Sale of Business (see Section F)	<input type="checkbox"/> Should coverage automatically resume upon rehire?	
<input type="checkbox"/> Other (explain) _____			

Section E - Bankruptcy

Date of insolvency	Name of receiver or trustee		
Contact person's name	Contact phone number: ()		



Section F - Sale of business

Type of sale: <input type="checkbox"/> Amalgamation <input type="checkbox"/> Sale of all assets <input type="checkbox"/> Other: _____ <input type="checkbox"/> Share acquisition <input type="checkbox"/> Partial sale of assets _____		Date of sale
Solicitor's name	Contact Person	Solicitor's phone number
Purchaser's company name		Purchaser address
Purchaser's contact name	Purchaser phone number ()	Purchaser fax number ()

Section G – Applicant authorization:

By my signature, I certify that I have the authority to execute this request, and the facts on this application are true and correct to the best of my knowledge. I am aware that any person operating in a compulsory industry who does not secure or maintain workers' compensation coverage and comply with the Workers' Compensation (the act), or knowingly provides false or misleading information to the Board may be subject to administrative penalties or guilty of an offence under the Act.

Name		Position
Home phone number ()	Contact number ()	Fax number ()
Email address	Signature	Date

WCB mailing address	In Calgary	Fax: (403) 517-6201	Toll Free in Alberta	1-866-922-9221
PO Box 2415		Phone: (403) 517-6000	Outside of Alberta	1-800-661-9608
Edmonton, AB	In Edmonton	Fax: (780) 498-7999		
T5J 2S5		Phone: (780) 498-3999	Online:	www.wcb.ab.ca

The personal information collected on this form will be used for the purpose of closing your WCB-Alberta account. This collection of personal information is in compliance with section 105 of the *Workers' Compensation Act* and sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, please contact us by phone or in writing.



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