

General Information on Cost Transfer Requests

One of the basic tenets of workers' compensation is the principle of 'no fault' insurance. Costs of workers' claims are charged to the accident experience of their employer, regardless of who is at fault or responsible for the accident. However, to instill an influence of fairness, accountability and responsibility on employers, Section 95(2) of the Workers' Compensation Act permits a transfer of costs in whole or in part from the accident experience of one employer to another when it is determined the claim resulted from the **negligence** of another employer or their worker. Negligence is generally defined as, *'the failure to do, or not do, what a reasonable person would do, or not do, in the same or similar circumstances.'*

Transfer of costs is not automatic. Pursuant to the legislation, an employer can submit a written request to WCB for a transfer of costs. The applicant employer must clearly identify the alleged negligent employer(s), and provide sufficient information that sets out the negligent conduct or action of the other employer(s). Once a satisfactory request has been submitted, the other employer(s) is provided the opportunity to respond. No decision is reached until WCB has had an opportunity to review all relevant information, material and representations from affected employers.

To initiate a cost transfer please provide:

Date of accident: _____

Name of your injured worker(s):	WCB claim number:

Legal name of alleged negligent employer(s):	Address & postal code:

How/why was the other employer(s) negligent in causing injury to your worker(s)?

Attach pertinent supporting documents (incident/safety investigation report, police/motor vehicle accident report, photographs/diagrams, witness statements, etc.)

Submitted by:

Name: _____ WCB account number: _____

Company name: _____ Telephone: (____) _____

Address: _____ Postal code: _____

Email Address: _____

Submit request to: Mail: Attn: Underwriting
PO Box 2415
Workers' Compensation Board of Alberta
Edmonton AB T5J 2S5
Email: claimcosttransfer@wcb.ab.ca

Fax: (780) 498-7874
Attn: Underwriting Sec 95(2)

