



WORKING TO MAKE A DIFFERENCE

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Update 2009 – 2

TO: HOLDERS OF THE ASSESSMENT MANUAL

This update to the *Assessment Manual* contains amendments to the *Manual* implemented since Update 2009 – 1.

Amendments to the following are **effective October 1, 2009**:

- AP1-37-1, *The Classification System*
- AP1-37-3, *Classification – Changes*

Also included in this package are housekeeping amendments to the following:

- Table of Contents
- AP1-1-5, *Coverage under Act – Workers*
- AP1-2-3, *Personal Optional Protection*
- AP1-38-1, *Registration of Employers*

A summary of the amendments is attached and the amended pages are included as part of this package.

If you have any questions regarding subscription information for updates to the *Assessment Manual*, please contact WorkSafeBC Customer Service at the following:

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Attachments

ASSESSMENT MANUAL

SUMMARY OF AMENDMENTS – Update 2009 – 2

Table of Contents	Pages 3 – 4 Pages 7 – 8	Housekeeping amendments
AP1-1-5 <i>Coverage under Act – Workers</i>	All	Housekeeping amendments
AP1-2-3 <i>Personal Optional Protection</i>	All	Housekeeping amendments
AP1-37-1 <i>The Classification System</i>	Pages 1 – 3	Policy changes to reflect the adoption of an annual classification cycle.
AP1-37-3 <i>Classification – Changes</i>	Pages 1 – 3	Policy changes to reflect the adoption of an annual classification cycle.
AP-1-38-1 <i>Registration of Employers</i>	Page 5	Housekeeping amendments

AP1-2-3 PERSONAL OPTIONAL PROTECTION

- (a) Who can apply?
- (b) Application for coverage
- (c) Earnings covered
- (d) Person conducts more than one type of activity
- (e) Cancellation of coverage

AP1-3-1 EXTENDING APPLICATION OF THE ACT

- (a) An undertaking in the public interest (section 3(5))
- (b) Vocational or training programs (section 3(6))
- (c) Work study programs (section 3(7)(a) and (b))

AP1-4-1 FISHING

- (a) Definition of “commercial fisherman”
- (b) Calculation of assessable amount
- (c) Registration of vessel owners
- (d) Payroll where there are multiple classifications

AP1-14-1 NO CONTRIBUTION FROM WORKERS**AP1-15-1 ATTACHMENT OF COMPENSATION**

AP1-37-1 THE CLASSIFICATION SYSTEM

- (a) General
- (b) Classification units
- (c) Subsectors
- (d) Sectors

AP1-37-2 CLASSIFICATION – MULTIPLE INDUSTRIAL ACTIVITIES

- 1. ASSIGNMENT OF MULTIPLE CLASSIFICATIONS
 - 1.1 Policy Intent
 - 1.2 Responsibility for Obtaining Multiple Classification
 - 1.3 Multiple Classification Criteria
- 2. ASSIGNMENT OF SINGLE CLASSIFICATION TO FIRMS OPERATING IN MORE THAN ONE INDUSTRY
- 3. ASSIGNMENT OF SPECIAL HAZARD CLASSIFICATION
- 4. OTHER CONSIDERATIONS
 - 4.1 Personal Optional Protection
 - 4.2 Effective Dates
 - 4.3 Notification

AP1-37-3 CLASSIFICATION – CHANGES**AP1-37-4 CLASSIFICATION – CONSULTING****AP1-37-5 DEPOSIT ACCOUNTS**

**AP1-42-2 EXPERIENCE RATING COST
INCLUSIONS/EXCLUSIONS****AP1-42-3 TRANSFER OF EXPERIENCE BETWEEN FIRMS****AP1-45-1 COLLECTION OF ASSESSMENTS**

- (a) Payment proposals
- (b) Bankruptcy and receivership
- (c) Writ of seizure and sale
- (d) Land judgements
- (e) Garnishing orders
- (f) Write off

AP1-47-1 PENALTIES

- (a) Penalties for failure to remit or report under sections 38(2), 40(2) and 47(1)
- (b) Penalties for paying less than owed under section 47(1)
- (c) Continuing penalty on overdue amounts under section 47(1)

AP1-47-2 CHARGING CLAIM COSTS TO EMPLOYERS**AP1-51-1 CONTRACTOR LIABILITY**

- (a) General
- (b) Clearances

AP1-52-1 STATUTORY LIEN

AP1-84-1 ASSIGNMENT OF BOARD AUTHORITY**AP1-88-1 AUDITS****AP1-95-1 DISCLOSURE OF ASSESSMENT INFORMATION**

- (a) General
- (b) Disclosure of assessment records to employers
- (c) Disclosure of claims cost information to employers
- (d) Disclosure to third parties with regard to sections 51 and 52 of the *Act*
- (e) Disclosure to the public of information about a firm
- (f) Ombudsman, Employers' Advisers, Workers' Advisers, Workers' Compensation Appeal Tribunal, MLAs
- (g) Legal Actions

AP1-96-1 RECONSIDERATIONS OF DECISIONS

- (a) Definition of reconsideration
- (b) The purpose of sections 96(4) and (5)
- (c) Advice to parties
- (d) Restrictions on reconsideration
- (e) Grounds for reconsideration
- (f) Authority of Board officers, Managers and Directors to reconsider
- (g) Correction of administrative errors

AP1-96-2 FRAUD AND MISREPRESENTATION

RE: Coverage under Act – Workers**ITEM: AP1-1-5**

BACKGROUND

1. Explanatory Notes

The POLICY in this Item sets out guidelines for determining who is a “worker” covered by Part 1 of the *Act* in certain specific situations.

2. The Act

See Item AP1-1-1.

POLICY

(a) General

Workers include individuals not employing other individuals and who fall into the following categories:

- individuals paid on an hourly, salaried or commission basis;
- individuals paid on commission or piecework where the work is performed in the employer’s shop, plant or premises;
- individuals paid commission, piecework or profit sharing where they are using equipment supplied by the employer;
- individuals operating under circumstances where the “lease” or “rental” of equipment or “purchase” of material from their employer is merely a device to arrive at a wage or commission amount; and
- labour contractors who elect not to be registered as independent operators.

A worker cannot be an “independent firm”.

(b) Volunteers

Volunteers or other persons not receiving payment for their services are generally not workers.

Union delegates attending conferences, seminars, conventions or similar events are considered workers of the union if they receive a recorded payment for attending such functions, whether it be in the form of a wage or a per diem allowance.

A social service agency may operate a sheltered workshop to provide mentally or physically handicapped individuals with training or life enrichment opportunities in a workshop environment. Coverage applies only to the paid workers of the organization and paid instructors in the workshop, and not to the participants in the program, whether or not they receive a living allowance, incentive allowance, or nominal payment from the Provincial Government.

Volunteer firefighters or ambulance drivers and attendants employed by a municipality or other form of local government are given coverage by the definition of “worker” in section 1. This includes an individual at the scene of a fire who is requested by the Fire Chief or authorized delegate to assist and whose name is recorded. Only those individuals under the direction and control of the Fire Chief or authorized delegate are covered.

(c) Inmates

A prison inmate is considered a worker if he or she is involved in a work-release program and is permitted to work outside of the institution for regular wages, whether or not he or she is required to return daily to the institution. Similarly, a prison inmate who is conscripted to fight forest fires is considered a worker.

(d) Order-in-Council appointments

Order-in-Council appointments are generally to positions which operate autonomously and without the standard employer/worker relationship such as judges and the members of the Board of Directors of the Board. These persons are not workers and Personal Optional Protection is not available.

Some Order-in-Council appointments are for positions where there is a strong element of direction and control such as a secretary to a Provincial Government Minister. In these situations, the individual is considered a worker.

(e) Forest firefighters

The Provincial Government has authority to conscript members of the public to fight forest fires. In the event of an injury, the conscripted member of the public is considered a worker of the Provincial Government under the “Fire Suppression Vote”.

When logging companies receive “cutting rights”, they are required to fight fires which occur on those properties. If a worker of the logging company sustains an

injury while fighting a fire prior to the Provincial Government assuming control of the fire, he or she will be considered a worker of the logging company. Once the Provincial Government assumes control of the fire, all individuals engaged in fighting the fire become the responsibility of the Provincial Government.

(f) Lent employees

In determining whether a worker of one employer has become the seconded or lent employee of another employer, the question to be decided in each case is whether there is an employment relationship between the employee and the other employer for the purposes of the *Act*. The normal tests for determining whether an employment relationship exists are applied with the necessary modifications.

PRACTICE

For any relevant PRACTICE information, readers should consult the Assessment Department's Practice Directives available on the WCB website.

EFFECTIVE DATE:	January 1, 2003
AUTHORITY:	ss. 1 and 2, <i>Workers Compensation Act</i> .
CROSS REFERENCES:	See also Coverage under <i>Act</i> – Terms (AP1-1-1), Coverage under <i>Act</i> – Types of Relationships (AP1-1-2), Coverage under <i>Act</i> – Distinguishing Between Employment Relationships and Relationships Between Independent Firms (AP1-1-3), Coverage under <i>Act</i> – Employers (AP1-1-4), Coverage under <i>Act</i> – Independent Operators (AP1-1-6), Coverage under <i>Act</i> – Labour Contractors (AP1-1-7), Extending Application of the <i>Act</i> (AP1-3-1) and Coverage under Federal Statutes or Agreements Between the Provincial and Federal Governments (AP1-97-1) and, with regard to firefighters, Payroll – Principles for Determining (AP1-38-3) in the <i>Assessment Manual</i> and Coverage of Workers (policy item #5.00), Voluntary and Other Workers Who Receive No Pay (policy item #6.20), Specific Inclusions in Definition of Worker (policy item #7.00), Members of Fire Brigades (policy item #7.10), Volunteer Firefighters and Ambulance Drivers and Attendants (policy item #67.32) in the <i>Rehabilitation Services & Claims Manual</i> , Volume II.
HISTORY:	Replaces in part Policies No. 20:10:30, 20:30:20, 20:40:30 and 40:20:50 of the <i>Assessment Policy Manual</i> and Decisions No. 229 and 241 of volumes 1 - 6 of the <i>Workers' Compensation Reporter</i> .
APPLICATION:	This Item results from the 2002 "editorial" consolidation of all assessment policies into the <i>Assessment Manual</i> . The POLICY in this Item continues the substantive requirements of the policies and items referred to in the HISTORY as they existed prior to the Effective Date, with any wording changes necessary

ASSESSMENT MANUAL

to reflect legislative and other changes since the policies and items referred to in the history were issued.

RE: Personal Optional Protection**ITEM: AP1-2-3**

BACKGROUND

1. Explanatory Notes

Employers and unincorporated independent operators without workers are not automatically covered for compensation purposes. They may purchase optional coverage called Personal Optional Protection.

2. The Act

Section 2(2):

The Board may direct that this Part applies on the terms specified in the Board's direction

- (a) to an independent operator who is neither an employer nor a worker as though the independent operator was a worker; or
- (b) to an employer as though the employer was a worker.

Section 1:

“member of family” means wife, husband, father, mother, grandfather, grandmother, stepfather, stepmother, son, daughter, grandson, granddaughter, stepson, stepdaughter, brother, sister, half brother and half sister and a person who stood in loco parentis to the worker or to whom the worker stood in loco parentis, whether related to the worker by consanguinity or not;

POLICY

(a) Who can apply?

A proprietor or partners of a business that is not a limited company may apply for Personal Optional Protection.

Where a proprietor or partners who have Personal Optional Protection incorporate their business and are paid by the company, they become workers and Personal Optional Protection is no longer allowed.

Non-BC residents conducting business activities in British Columbia may apply for Personal Optional Protection subject to the same terms and conditions as a BC resident. Section 8 of the *Act* governs their coverage outside BC.

(b) Application for coverage

Only the individual seeking coverage, a member of the individual's immediate family, the individual's accountant or lawyer, or in the case of a partnership, a partner may make the application.

An applicant must complete and submit an application for optional coverage on the form provided by the Board. An incomplete or illegible application will not be accepted.

As a condition of coverage, and as a condition of maintaining or increasing coverage, an applicant is required to:

- comply with the terms and conditions of coverage established by the Board and provided with the application for coverage;
- provide all the required information and promptly advise the Board of any change that may affect coverage;
- comply with the obligations of a worker applying for and receiving benefits under Part 1 of the *Act*; and
- ensure that an existing or previous account in good standing. An account is not in good standing if:
 - the account has a balance that has been outstanding over 30 days and is equal to or over the minimum determined by the Board;
 - a required remittance has not been received and the firm has been penalized, regardless of whether or not payment of the penalty has been received;
 - an amount is outstanding under a legal action; or
 - the account is being revived and a previous balance was written off.

Applications for Personal Optional Protection for individuals who have previously had an outstanding balance written off through a discharged bankruptcy, will be subject to terms and conditions imposed by the Board, including the prepayment of assessments.

If an application for Personal Optional Protection is not accepted, the applicant is advised that coverage cannot be extended until the account is in good standing or until a correctly complete and legible application has been received.

If an application for Personal Optional Protection is accepted, the applicant is notified and advised of the terms of coverage. The acceptance date is either the date the complete and legible application is received by the Board or the date indicated as the commencement date on the application for coverage if that date is later than the date the complete and legible application is received.

(c) Earnings covered

Coverage for a proprietor or partner should not be more than the individual's actual earnings.

The amount of monthly coverage may not be less than the minimum designated by the Board. If no specific amount is requested, coverage may be set at the minimum.

An individual may apply for coverage between the minimum and the average established by the Board without providing verification of earnings to the Board. The average roughly corresponds to the average wages and salaries of all workers in all industries in BC.

An individual may apply for coverage over the average and up to the maximum but proof of earnings will be required before the application is accepted. The maximum corresponds to the annually adjusted maximum wage rate for compensation purposes. If proof of earnings is not submitted or is not acceptable, the coverage will be reduced to the average and the individual advised accordingly.

If the applicant is receiving a monthly WCB award, the maximum amount of Personal Optional Protection that he or she can apply for is a monthly amount that, when added to the amount of the monthly award, equals the current maximum level of benefits payable under the *Act*.

(d) Payment of initial assessment premium

Effective January 1, 2004, all new registrants who request Personal Optional Protection coverage, all cancelled coverage holders who reapply to renew coverage, and all existing coverage holders whose accounts are not in good standing, are required to submit the assessment payment within 20 days of the acceptance date of coverage.

Where the initial assessment payment for coverage is not received within 20 days of the acceptance date, coverage is automatically cancelled.

Subsequent assessment payment periods are determined based on the annual assessment amount.

(e) Applicant conducts more than one type of activity

If an independent operator who does not have Personal Optional Protection is hired by an employer, there is no coverage for injuries occurring at work even if the injury occurs when the independent operator is doing something outside his or her normal range of duties at the employer's request.

If an individual is a proprietor of a firm and also an active principal of an incorporated company, that individual has compulsory coverage for activities in the business of the incorporated company, but must obtain Personal Optional Protection to obtain coverage for activities in the business of the proprietorship.

Coverage will be provided based on the primary activity in the business for which optional coverage is being purchased. If an individual's operations fall under more than one classification, the Board will make a determination regarding the primary classification.

(f) Cancellation of coverage

Unless Personal Optional Protection has been applied for and accepted for a specific period of time, it remains continuously in effect until a request for cancellation is received from the individual covered and receipt is acknowledged by the Board, or cancellation is made by the Board. Only the individual covered, a member of the individual's immediate family, the individual's accountant or lawyer, or in the case of a partnership, a partner is authorized to cancel the coverage.

Cancellation is subject to a one-month minimum charge per application. Where the minimum charge is necessary, the cancellation date is one calendar month after the date coverage took effect.

Personal Optional Protection may be cancelled by the Board without notice to the applicant when the individual receiving coverage fails to:

- pay the assessment and the payment is in excess of 10 days overdue;
- permit Board officers to inspect a work site or premises or records;
- comply with an order or direction issued by the Board under the *Act*; or,
- provide the required payroll information on which an assessment is calculated, necessitating a payroll estimate under section 38 of the *Act*.

Personal Optional Protection will also be cancelled by the Board when:

- (a) the applicant's status for which coverage was requested changes and therefore, the individual is no longer eligible for coverage; or

- (b) mail addressed to the employer or person with Personal Optional Protection is returned and an alternative address cannot be obtained.

When Personal Optional Protection is cancelled by the Board, the individual concerned is notified in writing if practicable. "If practicable" means that the Board will take reasonable steps to locate the individual in order to communicate the impending cancellation to him or her.

The effective date of cancellation is generally when the telephone or written request for cancellation is received in a Board office. A cancellation date will not generally be backdated. Backdating may be allowed if there is reason to believe that the Board was no longer liable for work-related injuries because the individual covered had become physically incapacitated, the assets used to carry on the business were no longer available or for certain legal reasons. Some circumstances under which backdating may be allowed are:

- *Death* – Cancellation is automatically backdated to the date of death.
- *Work Caused Injury* – Cancellation may be backdated to the date business ceased, not necessarily the date of injury.
- *Sickness or Non-Work Caused Injury* – Cancellation may be backdated to the date the business ceased operating as a result of the sickness or injury, if it was a serious physical or mental disorder lasting 30 days or longer, and the owner supplies a doctor's confirmation of the sickness or injury in writing.
- *Jail, Institutionalization, Deportation, Military Service* – Cancellation may be backdated to the date of occurrence.
- *Sale of Business* – Cancellation may be backdated to the date of the bill of sale.
- *Sale of Equipment* – Cancellation may be backdated to the date the business ceased operating or the date the equipment is sold, whichever is later.
- *Change of Legal Status from Proprietorship, Partnership or Independent Operator to Incorporated Company* – Cancellation will be backdated to the date the firm began operating as an incorporated company.
- *Business Interruption Due to Fire, Flood or Other Disaster* – Cancellation may be backdated to the date the business ceased operating.
- *Seizure of Assets* – Cancellation may be backdated to the date the business ceased operating or the date the equipment was seized, whichever is later.

- *Bankruptcy* – Cancellation may be backdated to the date the firm was placed in bankruptcy.
- *Ceasing of Operations* – Where the request for cancellation is received on or before January 31st and the firm states that their operations ceased in the previous year, cancellation may be made effective December 31st of the previous year.

Requests for backdating must be made in writing. A written decision will be provided to the applicant.

PRACTICE

The minimum outstanding balance for the purpose of part (b) of the policy and the minimum amount for which Personal Optional Protection may be obtained under part (c) of the policy are set out in Appendix “A” to this *Manual*.

For more information on applying for Personal Optional Protection, including the application form, or any other relevant PRACTICE information, readers should consult the WCB website at

http://www.worksafebc.com/insurance/registering_for_coverage/personal_optional_protection/default.asp

EFFECTIVE DATE:	January 1, 2004
AUTHORITY:	s. 2(2), <i>Workers Compensation Act</i> .
CROSS REFERENCES:	See also Requesting a Variance to a General Exemption (AP1-2-2), Extending Application of the <i>Act</i> (1-3-1), Classification – Multiple Industrial Activities (AP1-37-2), Payroll – Principles for Determining (AP1-38-3) with respect to management/administration payroll and Payroll Estimates (AP1-38-5) in the <i>Assessment Manual</i> and Admission of Workers, Employers, and Independent Operators (policy item #8.00), Vacations (policy item #21.20), Acts for Personal Benefit of Principals of Business (policy item #21.40), Amount of Payment (policy item #35.20), Commencement of Permanent Total Disability Payments (policy item #37.10), Overpayments/Money Owed to the Board (policy item #48.40), Unpaid Assessments (policy item #48.48), Worker with Two Jobs (policy item #65.02), Personal Optional Protection (policy item #67.20), Volunteer Firefighter and Ambulance Drivers and Attendants (policy item #67.32), Payments to Substitutes (policy item #68.70), Deduction of Permanent Disability Periodic Payments from Wage Loss (policy item #69.10), Form Fees (policy item #78.33), Application for Compensation (policy item #93.20), Adjudication Without an Application (policy item #93.23), Penalties for Failure to Report (policy item #94.15), Notification of Decisions (policy item #99.20), Notification of Right of Appeal (policy item #99.21), Meaning of “Worker” and “Employer” Under Section 10 (policy item #111.30) of the <i>Rehabilitation Services & Claims Manual</i> , Volume II.

HISTORY:

This Item resulted from an editorial consolidation of the former *Assessment Policy Manual*, which was effective on January 1, 2003. The Policy in this Item continued the substantive requirements that existed before the consolidation, with any wording changes necessary to reflect legislative and other changes that had occurred. Policies No. 20:50:10 to 20:50:60 of the *Assessment Manual* and Decision No. 116 of volume 2 of the *Workers' Compensation Reporter* were replaced, in part, by this Item.

APPLICATION:

The changes to paragraphs (b) and (d) of the policy section of this item apply to all new Personal Optional Protection coverage registrants, all registrants who reapply for coverage, and all existing accounts that are not in good standing, on or after January 1, 2004. The changes to paragraphs (e) and (f) of the policy section of this item apply to all existing Personal Optional Protection accounts, all new Personal Optional Protection coverage registrants, and all registrants who reapply for coverage, on or after January 1, 2004.

RE: The Classification System**ITEM: AP1-37-1**

BACKGROUND

1. EXPLANATORY NOTES

Every year the Board publishes the *Classification and Rate List*, which forms part of Board policy, and uses it to classify firms and assign an assessment rate for the coming year. This publication lists every classification unit and the assessment rate assigned to it for the year.

2. THE ACT

Section 37(1):

- (1) The following classes are established for the purpose of assessment in order to maintain the accident fund:

- | | | |
|-------|-----|---|
| Class | 1: | Primary resource |
| Class | 2: | Manufacturing |
| Class | 3: | Construction |
| Class | 4: | Transportation and warehousing |
| Class | 5: | Trade |
| Class | 6: | Public services |
| Class | 7: | General services |
| Class | 8: | Canadian Airlines International Ltd., Canadian Pacific Hotels Corporation, Canadian Pacific Railway Company, Cominco Ltd. |
| Class | 9: | The Burlington Northern and Santa Fe Railway Company |
| Class | 10: | Air Canada, Canadian National Railway Company, Via Rail Canada Inc. |
| Class | 11: | British Columbia Assessment Authority, British Columbia Buildings Corporation, British Columbia Ferry Corporation, British Columbia Railway Company, Emergency Health Services Commission, Government of British Columbia, Workers' Compensation Board of British Columbia. |

POLICY

1. GENERAL

The classification system is based on the principle that the cost of producing a product or providing a service includes the cost of injuries or diseases incurred by the workers doing the work. The system is based on industrial undertaking rather than on occupation or hazard. If a specific product is being manufactured, the classification is the same, regardless of whether the manufacturing is done by the employer's workers or subcontracted out to another firm. A classification includes all occupations within the industry, including office or clerical staff.

The terms classes, subclasses and further subclasses are used in section 37 of the *Act*. For the purposes of describing the Board's industrial classification system, a sector is equivalent to a class, subsectors are equivalent to subclasses, and classification units are equivalent to further subclasses.

2. CLASSIFICATION UNITS

Employers and independent operators are assigned to classification units annually and at other times as the Board requires, on the basis of the industry in which the firm is operating. In assigning the classification, some of the factors considered are the type of product or service being provided, the processes and equipment that are used, and the type of industry with which the firm is in competition. Occupations of individual workers may be reviewed when assigning the classification, but only as an indicator of the type of industry being carried on. The fact that an employer contracts out parts of an industry to other employers does not mean that the employer cannot be classified in that industry. The classification system should not unfairly discriminate between firms competing for the same business.

Where a firm's operations are an inescapable part of another firm's operations, the firm's classification will be the same as that of the other firm regardless of ownership.

If the firm's operations do not fall within this category, but are ancillary, or an extension or add-on phase, to another firm's operations, the classification will be the same as the other firm's if there is a degree of common ownership. Even if the firm is separately registered, the two firms will be regarded as one firm for the purpose of classification. The multiple classification criteria will then be applied. Where a firm's operations are divided so that part is within BC and part is outside of BC, the firm will be classified according to the business of the operations conducted within BC.

3. SUBSECTORS

The purpose of subsectors is to provide boundaries within which classification units are grouped with other similar classification units based on industrial undertakings.

4. SECTORS

Sectors are large categories of subsectors that are involved in a similar area of the economy at the broadest level.

PRACTICE

For any other relevant PRACTICE information, readers should consult the Assessment Department's Practice Directives available on the WorkSafeBC website at www.worksafebc.com.

EFFECTIVE DATE:	October 1, 2009
AUTHORITY:	ss. 37(1) and 37(2), <i>Workers Compensation Act</i> .
CROSS REFERENCES:	See also Classifications – Multiple (AP1-37-2) and Classification – Changes (AP1-37-3) and Assessment Rates (AP1-39-1) in the <i>Assessment Manual</i> .
HISTORY:	<p>Policy changes to reflect the adoption of an annual classification cycle were made effective October 1, 2009.</p> <p>Updated effective October 1, 2007 to reflect the Board's authority to classify firms.</p> <p>This Item results from the 2002 "editorial" consolidation of all assessment policies into the <i>Assessment Manual</i>. The POLICY in this Item continues the substantive requirements of the policies and items referred to in the HISTORY as they existed prior to the Effective Date, with any wording changes necessary to reflect legislative and other changes since the policies and items referred to in the history were issued. Replaces in part Policies No. 30:10:00 and 30:20:10 of the <i>Assessment Policy Manual</i> and Decision No. 58 in volumes 1 - 6 of the <i>Workers' Compensation Reporter</i>. Consequential changes were subsequently made in accordance with the <i>Workers Compensation Amendment Act (No. 2), 2002</i>.</p>
APPLICATION:	Applies to all decisions made on or after October 1, 2009.

RE: Classification – Changes**ITEM: AP1-37-3**

BACKGROUND

1. EXPLANATORY NOTES

This policy sets out the reasons for changing a firm's classification, the effective date of a change, and the impact of a change in classification on experience rating.

The Board may do one or more of the following with respect to all or part of the firm's operation:

- (a) Change an existing classification unit;
- (b) Add classification unit; or,
- (c) Delete a classification unit.

2. THE ACT

See Items AP1-37-1, AP1-37-2 and AP1-42-1.

POLICY

1. FIRM'S RESPONSIBILITY

It is the responsibility of each firm to provide timely, complete and accurate information to the Board regarding changes in the firm's operations, and to act promptly on information requests and information provided by the Board.

2. CHANGE IN CLASSIFICATION

The Board may change a firm's classification.

The effective date of a change in a firm's classification and the impact on the firm's experience rating depends on the reason for the change. Set out below are four reasons why the Board may make a new decision concerning a firm's classification, and the effective date and impact on experience rating associated with each reason for change. Decisions in these cases do not constitute reconsiderations of existing classification decisions.

2.1 The Annual Classification Cycle

A firm is assigned one or more classifications every year as a consequence of the yearly establishment of the *Classification and Rate List*. This assignment may result in a firm's classification changing. The effective date of a change to a firm's classification resulting from the annual classification cycle is January 1st of the year for which the *Classification and Rate List* is established.

Where a firm's classification changes as a result of the annual classification cycle, the general rule is that a firm's experience will transfer.

2.2 Change in Operation

If the firm's operations have changed, and the firm is now misclassified, the change will be effective on the date of the change in operation, or January 1st of the year in which the decision to change the firm's classification occurred, whichever is later, unless there has been fraud or misrepresentation.

If the date of the change in operation cannot be determined, the effective date will be January 1st of the year in which the decision to change the classification occurred.

If there has been a distinct change in the firm's operations, a firm's experience will not transfer. If the change in operations has occurred incrementally or the firm's operations have evolved over time, a firm's experience may transfer.

2.3 Policy Changes Which Result in Changes to Classification Units

The Board may make policy changes regarding classification units or the composition of classification units which may result in changes to an employer's classification.

Changes to an employer's classification which occurs as a result of a policy change will be effective January 1st of the following year, unless otherwise specified by the Board.

The Board may transfer a firm's experience in this situation.

2.4 Fraud or Misrepresentation

A classification change may be necessary due to a firm's fraud or misrepresentation, as described in Item AP1-96-2. For the purposes of determining a firm's classification, misrepresentation may include failure to provide timely, complete, and accurate information to the Board regarding the firm's operations or changes to the firm's operations, and a failure to act promptly on information requests or information provided by the Board.

If the need to change the classification is the result of fraud or misrepresentation, the effective date of the change will be determined by the Board based on the reason for the fraud or misrepresentation.

If the Board changes a firm's classification because of fraud or misrepresentation, the general rule is that a firm's experience will not transfer. However, the Board may transfer experience if the firm could benefit from a failure to transfer.

PRACTICE

If a classification is being added to a firm's existing classification, the criteria of the multiple classification policy must be met before the classification change policy is applied.

For any other relevant PRACTICE information, readers should consult the Assessment Department's Practice Directives available on the WorkSafeBC website at www.worksafebc.com.

EFFECTIVE DATE:	October 1, 2009
AUTHORITY:	ss. 37(2) and (3) and 42, <i>Workers Compensation Act</i> .
CROSS REFERENCES:	See also The Classification System (AP1-37-1), Classification – Multiple (AP1-37-2), Transfer of Experience Between Firms (AP1-42-3), Reconsideration, Reviews and Appeals - Reconsiderations of Decisions (AP1-96-1), and Reconsideration, Reviews and Appeals – Fraud and Misrepresentation (AP1-96-2) in the <i>Assessment Manual</i> .
HISTORY:	<p>Policy changes to reflect the adoption of an annual classification cycle were made effective October 1, 2009.</p> <p>Policy changes to provide three general reasons for classification changes, with corresponding effective dates and direction on the transfer of experience rating were made effective January 1, 2004 and applied to all new decisions on or after that date.</p> <p>Consequential changes to this Item made as a result of the <i>Workers Compensation Amendment Act (No. 2), 2002</i> were effective on March 3, 2003.</p> <p>This Item resulted from an editorial consolidation of the former <i>Assessment Policy Manual</i>, which was effective on January 1, 2003. The Policy in this Item continued the substantive requirements that existed before the consolidation, with any wording changes necessary to reflect legislative and other changes that had occurred. Policy No. 30:20:40 in the former <i>Assessment Policy Manual</i> was replaced by this Item.</p>
APPLICATION:	Applies to all decisions made on or after October 1, 2009.

For any other relevant PRACTICE information, readers should consult the Practice Directives available on the WorkSafeBC website.

EFFECTIVE DATE:	January 1, 2007
AUTHORITY:	s. 38(1), <i>Workers Compensation Act</i> .
CROSS REFERENCES:	See also Coverage under <i>Act</i> – Distinguishing Between Employment Relationships and Relationships Between Independent Firms (AP1-1-3) with respect to corporations, Coverage under <i>Act</i> – Labour Contractors (AP1-1-7), Exemptions from Coverage (AP1-2-1), Requesting a Variance from a General Exemption (AP1-2-2), Personal Optional Protection (AP1-2-3), Extending the Application of the <i>Act</i> (AP1-3-1), Fishing (AP1-4-1), Transfer of Experience Between Firms (AP1-42-3) and Reconsiderations, Reviews and Appeals – Reconsiderations of Decisions (AP1-96-1) in the <i>Assessment Manual</i> .
HISTORY:	Replaces in part Policies No. 20:20:00, 20:30:10, 20:30:20, 20:30:30, 20:30:31, 40:40:00, 40:60:00 and 70:30:00 of the <i>Assessment Policy Manual</i> and Decision No. 255 of volumes 1 - 6 of the <i>Workers' Compensation Reporter</i> . Consequential changes were subsequently made in accordance with the <i>Workers Compensation Amendment Act (No. 2)</i> , 2002, on March 3, 2003.
APPLICATION:	This Item results from the 2002 "editorial" consolidation of all assessment policies into the <i>Assessment Manual</i> . The POLICY in this Item continues the substantive requirements of the policies and items referred to in the HISTORY as they existed prior to the Effective Date, with any wording changes necessary to reflect legislative and other changes since the policies and items referred to in the history were issued. Changes extending the registration retroactivity limit to January 1 of three years prior to the current year apply to all decisions made on or after January 1, 2007 concerning the effective date of registration of employers.

