



Monthly Assessment Payment Option (MAPO) Application Form

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7
www.wcb.pe.ca

Phone: (902) 368-5680
Fax: (902) 368-5705
Toll free: 1-800-237-5049

Firm Name:	
Contact Person:	
Are you currently registered with the WCB of PEI? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide firm#'s of all registered WCB employer accounts: _____ _____ _____	
Have you filed all actual payrolls for previous years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any outstanding balances owing to the WCB of PEI? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	
Please note: WCB accounts <u>must be in good standing</u> to be considered for this program. Please direct all inquiries regarding this application to <u>Employer Services</u>. Applications must be submitted by February 28.	
Signature:	Date:

INSTRUCTIONS

Firm Name:

- Record the firm name of the employer completing the application.

Contact Person:

- Record the name of the contact person for the employer.

Are you currently registered with the WCB of PEI?

- Check the appropriate box which indicates whether your business is currently registered with the WCB of PEI.

If yes, please provide firm#'s of all registered WCB employer accounts:

- If you checked "yes" to the previous question, record all of your employer accounts registered with the WCB of PEI.

Have you filed all actual payrolls for previous years?

- Check the appropriate box which indicates whether you filed all actual payrolls for previous years.

Do you have any outstanding balances owing to the WCB of PEI?

- Check the appropriate box which indicates whether your business has any outstanding balances owing to the WCB of PEI.

If yes, please explain:

- If you checked "yes" to the previous question, provided the details of the outstanding balance(s).

Signature:

- Employer's signature.

Date:

- Record the date the form was signed by the employer.