



How to Apply for a WCB Online Account

2019 Saskatchewan Workers' Compensation Board



Before applying for a WCB Online Account, please make sure you have the following information to complete the application:

Employers:

- You will need your seven-digit WCB Saskatchewan firm number. If applying for administrator access, you will also need your most recent Statement of Account (SOA).

Injured workers:

- Only injured workers who already have a claim number can apply for this account. You will need your Social Insurance Number (SIN) and your Provincial Health Number (PHN).

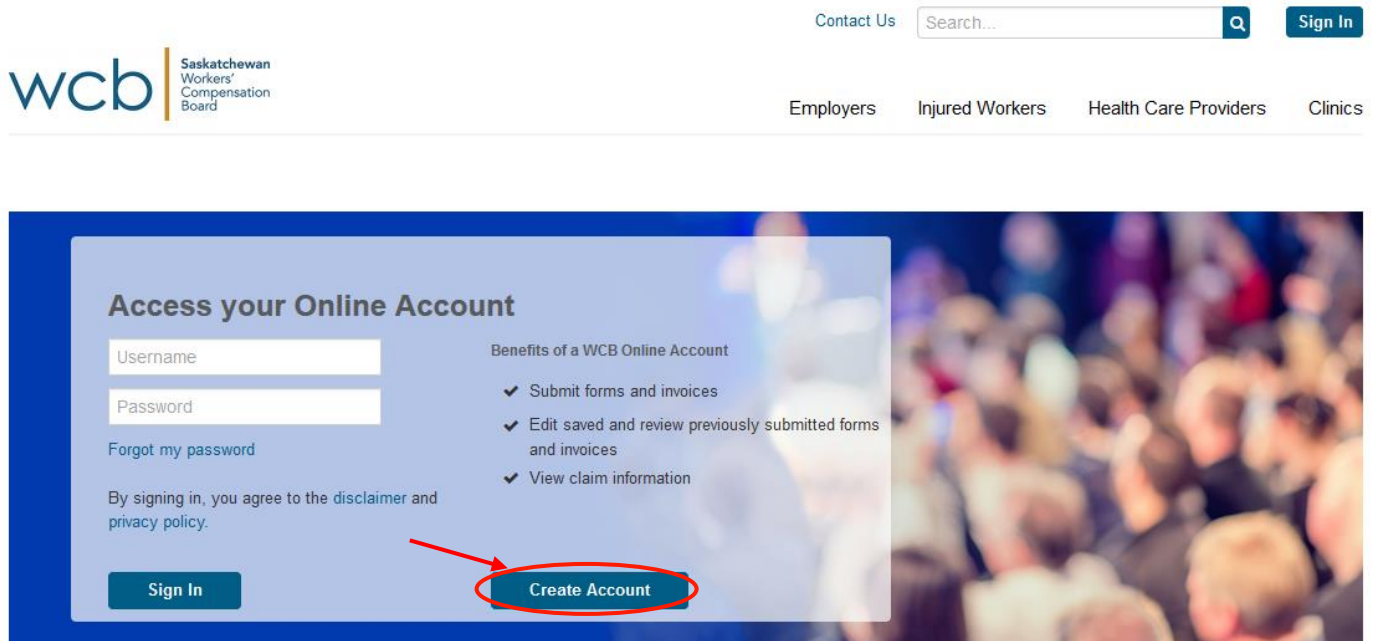
Care providers:

- Only care providers who have been accredited by Saskatchewan Health or the WCB can apply for this type of account. You will need your care provider type and your six-digit care provider number. If you are a doctor who has been accredited by Saskatchewan Health, your four-digit billing number (e.g. 1234) will need to have two zeroes in front to work with our system, e.g. 1234 would become 001234.

Clinics:

- Only clinic administrators in the province of Saskatchewan can apply for this account. Please use your four-digit clinic number that was provided to you by the WCB.

1. On the WCB Online Account page, click the “**Create Account**” button.



2. The first screen asks you to read and approve the disclaimer and privacy policy. Carefully read this information. To indicate you agree to these terms, check the box and click the “**I agree to the Terms and Conditions**” box.

Create Online Account

1 Disclaimer 2 Account Type 3 Account Info 4 Contact Info

Important Information

- A working email address is required to complete registration. This email address will be your user id.
- The email address and password allow you to sign in to your WCB Online Account.
- WCB may use your email address to communicate directly with you regarding matters related to employer services, or the WCB may use outside communications agents for this purpose, but the WCB will not release your email address for any other purpose to third parties without your express, written permission.
- If the WCB Online Account is not accessed for 18 months, the account will be deleted and it will be necessary to re-register.

Terms of Use

Welcome to WCB Online Services
By using our services you agree to our Terms and Conditions.

I agree to the Terms and Conditions.

Next

- The next screen asks you to describe your main relationship to the WCB. Choose the button that best describes your relationship and click **“Next.”**

Create Online Account

1 Disclaimer **2** Account Type 3 Account Info 4 Contact Info

Please select an account type:

- Business**- I want to do one or more of the following:
Request clearances, submit an Employer Payroll Statement, view injury cost information, more.
- Care Provider**- I provide services to the WCB and I want to do one or more of the following:
View client information such as medical documents, update treatment lists, report injury progress, view payment history, more.
- Injured Worker**- I want to do one or more of the following:
View claim information such as wage-loss calculation, report an injury, submit an appeal, more.
- Clinic** (MSB issued clinic for Doctors, Dentists, Chiropractors & Optometrists) - I provide services to the WCB and I want to do the following:
View clinic payments.

◀ Back **Next** ▶

- Next, you will be asked to provide the information specific to your relationship with the WCB, such as your firm number or care provider type, and number or clinic number. When complete, click **“Next.”**
 - If your account type is **“Business”**:

- Administrator request:

1 Disclaimer 2 Account Type **3** Account Info 4 Contact Info

Firm Number: * [input field]

Legal Business Name: [input field]

Address: [input field]

Statement of Account Barcode Number:
Enter the barcode number from your most recent Statement of Account. It is located below the barcode in the upper right corner.

Barcode Number: * [input field]

Example:

Add Another Business

◀ Back **Next** ▶

ii. Agent request:

Create Online Account

1 Disclaimer 2 Account Type **3 Account Info** 4 Contact Info

1 Firm Number: *

1 Legal Business Name:

Address:

+ Add Another Business

+ Back **+ Next**

b. If your account type is “Care Provider”:

Create Online Account

1 Disclaimer 2 Account Type **3 Account Info** 4 Contact Info

1 Care Provider Type: * -- Select One --

1 Care Provider Number: *

Job Title: *

+ Add Another Care Provider

+ Back **+ Next**

c. If your account type is “Injured Worker”:

Create Online Account

1 Disclaimer 2 Account Type **3 Account Info** 4 Contact Info

1 Social Insurance Number: *

Provincial Health Number:

+ Back **+ Next**

d. If your account type is “Clinic”:

Create Online Account

1 Disclaimer 2 Account Type 3 Account Info 4 Contact Info

Clinic Type: SK

Clinic Number: *

Clinic Name: *

Job Title: *

+ Add Another Clinic

Back Next

5. The next screen is related to your online account information.

a. If your account type is “Business”:

Create Online Account

1 Disclaimer 2 Account Type 3 Account Info 4 Contact Info

Email: *

Confirm Email: *

Create a Password: * *i*

Confirm Password: *

First Name: *

Last Name: *

At least one phone number is required. *

Business Phone:

Home Phone:

Cell Phone:

Back Submit

b. If your account type is “Care Provider”, “Injured Worker” or “Clinic”:

Create Online Account

1 Disclaimer 2 Account Type 3 Account Info **4 Contact Info**

Username: *
Example: example@domain.com

Create a Password: *
Example: At least 8 characters, case sensitive.

Re-enter Password: *

First Name: *

Last Name: *

At least one phone number is required. *

Business Phone:

Home Phone:

Cell Phone:

- c. If you do not have an active or pending WCB Online Account, your email address will be your WCB Online Account username. Choose a password that is unique to you and do not share it with other people. Click “**Submit.**”
- d. If you have an active online or pending WCB Online Account, enter your username. If your username is recognized by our system, a message box will appear. Continue by entering your password and phone number and click “**Submit.**”

Username: *
Example: example@domain.com

Existing account found. Please enter your password.

Password: *

Example: At least 8 characters, case sensitive.

At least one phone number is required. *

Business Phone:

Home Phone:

Cell Phone:

- 6. Your account application is now submitted to the WCB.

- a. If your account type is “Business”:
 - i. Administrator requests who qualify for auto-approve:

Create Online Account

Thank you for applying.

Firm Number: [redacted]
Your registration for firm [redacted] has been approved. You can now [Sign In](#) to access your online account.

- ii. Administrator requests who do not qualify for auto-approve:

Create Online Account

Thank you for applying.

Firm Number: [redacted]
Your application for online services cannot be approved as you are not listed as a contact on the employer account.

Please have the owner, executive officer, HR director, board member, trustee or controller sign an Authorization Letter of Representation (EREP) <http://www.wcbsask.com/employers/employer-resources/>. The form should specify the authorized person is representing the business with regards to "online administrator access". We will not accept a form signed by a health and safety manager or director. If you are a director of a corporation, a copy of your corporate registry profile listing you as a director is acceptable in lieu of a signed EREP. Email the completed form to Inet_Firm_Registration@wcbsask.com so we can proceed with your request.

- iii. Agent requests:

Create Online Account

Thank you for applying.

Firm Number: [redacted]
There is already an administrator for firm [redacted]. Your request will be sent to the administrator to determine your access.

- b. If your account type is “Care Provider”, “Injured Worker” or “Clinic”:

Create Online Account

Thank you for applying.

Your account is not set up yet. Please click on the link in the validation email sent to the address provided. Then, an email will be sent to the appropriate department or administrator to determine your access.

Once a decision has been made, you will be notified by email.

All new users without an active or pending account will receive an email with instructions to verify your email address. Open this email and click on the link inside the email.



Thank you for applying for a WCB Online Account.

In order to process your account, we need to verify your email address. If you are indeed the person who requested this account, please click the following link to verify your email address: [Verify Email Address](#)

If you are experiencing trouble with the link above, please use the following link:

https://webdev10.wcbsask.com/WCBPortalWeb/WCBPortalPage/page_account_registration_task.html?navigationAction=page_account_registration_task&taskid=8b2a281d-6508-4196-beb7-3b59e160c2cd

Your account will not be activated until you have received a second email indicating that your account has been approved.

If you have any questions or concerns, please contact [Webmaster](#) at the Saskatchewan Workers' Compensation Board.

Saskatchewan Workers' Compensation Board
www.wcbsask.com

This link will open a web browser and display a message indicating your email address has been verified. Your account application will be submitted to the WCB (or the account administrator) for final approval.

Account Registration Email Verification

Thank you for applying for a WCB Online Account. We have confirmed your email address and will now begin processing your account. Another email will be sent when your account has been activated.

7. The WCB (or the account administrator) will review your application and email you when it is approved. Once you receive the approval email, you can sign in and start using your WCB Online Account.



You have been approved access to the XXXXXX account you requested. You can now sign in to your [WCB Online Account](#).

If you have any questions or concerns, please contact [Webmaster](#) at the Saskatchewan Workers' Compensation Board.

Saskatchewan Workers' Compensation Board
www.wcsask.com

If you have any questions, please email webmaster@wcsask.com.