The Commission de la santé et de la sécurité du travail (CSST) provides Quebec-based enterprises with an essential insurance service.

This insurance, which is mandatory, enables workers to compensation should they sustain injuries as a result of a work-related accident or an occupational disease.

By paying premiums, employers contribute to funding the occupational health and safety plan administered by the CSST. They also protect their enterprises against the risk of having to bear an excessive financial burden.

An equitable insurance plan

The objectives underlying the CSST’s rate plans are to ensure fairness among employers, to encourage implementation of preventive measures, and to promote the prompt and lasting return to work of individuals who have suffered work-related accidents or occupational diseases.

Thus, an employer’s efforts to manage occupational health and safety matters in its enterprise contribute to improving its performance in this area, all of which is taken into account in determining its premium.

Something new: the periodic payment rate

The CSST is simplifying payment procedures for employers’ insurance premiums through its partnership with Revenu Québec. Effective January 1, 2011, employers will make periodic payments to Revenu Québec toward their CSST premiums. To calculate the amount of these payments, a periodic payment rate will have to be applied. The applicable rate is indicated in each employer’s Classification decision.
The unit-rate plan: for small businesses

This plan is generally intended for employers whose total annual premium is less than $7,500. The premium is calculated on the basis of the rate for each unit in which the enterprise’s activities are classified, for every $100 of total insurable payroll.

Employers assessed according to a unit rate are assessed collectively. When an accident occurs, the group as a whole bears the costs. However, if each employer takes measures to prevent or reduce the cost of work-related accidents, all employers in the unit will benefit in both the medium and the long term.

The personalized-rate plan: for medium-sized and large businesses

This plan applies to employers whose total annual premium is, as a general rule, between $7,500 and $400,000. Calculation of the premium is based on a personalized rate. In other words, the applicable unit rate(s) for a particular enterprise’s activities is adjusted to take into account its efforts to prevent work-related injuries, to facilitate the rehabilitation of injured workers and their prompt and lasting return to work.

By January 2011, approximately 55,000 employers will be assessed under this plan.

The retrospective plan: for large-scale enterprises

This plan is designed for enterprises whose annual assessments generally exceed $400,000. Under the retrospective plan, the employer’s assessment is adjusted to take into account changes over four years in the costs of injuries that may have occurred during the relevant year. The adjustment takes into account the limit per claim determined by the employer on the basis of its insurance needs.

An initial provisional adjustment is made at the 24-month point and takes into account changes in the costs of injuries. An employer may request a second provisional adjustment at the 36-month point. The definitive retrospective adjustment occurs at the 48-month point.

Better management of health and safety: lower premiums

According to basic insurance principles, premiums vary in relation to two factors: the risks associated with the activities carried out by the enterprise and the cost of claims. For example, the premium for insuring the staff of a pharmacy is much lower than that for insuring factory workers. Employers can reduce their premiums by taking measures to prevent work-related accidents and occupational diseases. The CSST can provide assistance and advice in this regard.

Moreover, in the case of work-related accidents or occupational diseases, it is in the employer’s best interests to maintain the employment relationship with its workers and promote their prompt and lasting return to work. In this way, the enterprise can retain its experienced and qualified personnel, while reducing its premium and lowering the costs of the occupational health and safety plan.

How are contributions used?

The average premium rate is calculated on the basis of the financial requirements of the occupational health and safety plan and the total insurable wages. For 2011, the CSST anticipates that the financial requirements of the plan will be approximately $2.23 per $100 of total insurable wages. As for the total insurable wages, it is estimated at $116.1 billion. The average premium rate for 2011 is $2.19, the same as for 2010.

The good results for 2009, due specifically to a significant drop in work-related accidents and diseases allow for an increase in the portion applied in recapitalizing the debt of the occupational health and safety plan while maintaining the same average rate level.

The CSST distinguishes between the activities that an enterprise actually carries on in-house and those that it contracts out. This more accurately reflects the risks associated with the enterprise’s activities.

The CSST has three rate plans

The CSST offers small and medium-sized businesses the opportunity to form prevention mutual groups – a means for promoting the prevention of work-related accidents and occupational diseases. The CSST can provide assistance and advice in this regard.

Prevention mutual groups: strength in numbers

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Better management of health and safety:

As a general rule, the cost of an employment injury is imputed to the employer of the injured worker. However, in a variety of circumstances, for example where a worker was already handicapped when the injury occurred, it is possible that certain costs will not be imputed to employers’ files. These costs are called non-imputed costs (NIC). Every year, a part of the premium rate of all employers is applied to finance such costs.

The classification decision informs every employer of the portion of its premium rate, in relation to its assigned classification unit, that is used to finance non-imputed costs.

On average, non-imputed costs amount to 25% of the total cost of employment injuries.

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