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## **2010 LONG TERM DISABILITY QUESTIONNAIRE**

In accordance with the *Workers' Compensation Act*, annual adjustments to Long Term Disability (LTD) benefits will be made on the anniversary month of your accident. In order to review your benefits for 2010, ALL of the following questions must be answered. ***Failure to complete and return this questionnaire will result in a disruption of your benefits.*** To avoid delays in the review of your file, **copies of 2009 T4, T4A, T4RSP, T4RIF, T4AP and T4E slips must be provided** when reporting income in questions #2 and #3. It is not necessary to report WorkSafeNB benefits.

***Please return this questionnaire no later than March 31, 2010***

**1. Personal information: Canada Revenue Agency (CRA) Income Tax information.**

When calculating your level of benefits, *WorkSafeNB* uses the basic personal non-refundable tax credit. In order to consider additional tax credits you must provide us with your **2009 Income Tax Return Information printout from CRA** (RC143 – Option C) confirming any additional tax credit entitlement. You can obtain these printouts by contacting CRA at 1-800-959-8281. *WorkSafeNB* must receive information confirming additional tax credits no later than June 01, 2010. Please note that if *WorkSafeNB* receives new information after the benefit review for the current year has been completed, any new information will only be considered at a later date.

**2. Employment related income:**

(a) Have you worked during the year 2009?  Yes  No

(b) What were your total earnings? \$ \_\_\_\_\_ (Gross)  
(Include a copy of T4)

(c) If employed, please provide the following information about your employer.

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Contact Person: \_\_\_\_\_

\_\_\_\_\_ Hourly Rate of Pay: \$ \_\_\_\_\_

(d) Self employment earnings for the year 2009 \$ \_\_\_\_\_  
(Include copies of your Statement Business Activities & Income Tax Return Information printout)

(e) Did you receive Employment Insurance benefits during the year 2009?  Yes  No

(f) Amount received \$ \_\_\_\_\_ (Gross amount before income tax deducted)  
(Include a copy of T4E)

***Note: During the month of your sixty-fifth (65) birthday, your LTD benefits will cease. Eight to twelve weeks following the end of your LTD benefits, your file will be reviewed to determine your eligibility for an annuity amount.***

**3. Financial remuneration:** (Include all T Slips)

**(Please answer each item)**

<b>Are you receiving:</b>	Yes	No	<b>2010 Gross Amount/Month</b>
Canada/Quebec Pension Plan Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Canada/Quebec Pension Plan Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employer group insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employer sick leave benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Any other pension/social security benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Any wage loss replacement program, provided by _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**In 2009, did you receive:**

**Gross Amount**

Lump sum severance or termination pay	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employer pension plan payout	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
All other income, including RRSPs	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ Specify _____

**PHOTOCOPIES of original T-slips or stubs are required, originals returned at time of review ONLY.  
If your address has changed, please notify us in writing.**

**DECLARATION**

*I certify that the statements made by me in this questionnaire are true and complete to the best of my knowledge. I am aware that falsification may result in a reduction or interruption of the compensation benefits I am receiving. I am also aware that my benefits may be withheld to repay any excess benefits that I have been paid because of any false information. I hereby authorize WorkSafeNB access to verify any and all information concerning my earnings from all sources.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cell / Home phone number:** \_\_\_\_\_

**S.I.N.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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