

2011 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 2011, 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 2010 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, 2011

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 **2010 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, 2011. 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 2010? Yes No

(b) What were your total employment 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 2010 \$ _____
 (Include copies of your T- 2125, Statement of Business Activities **and** your Income Tax Return Information printout)

(e) Did you receive Employment Insurance benefits during the year 2010? Yes No

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

Note: During the month of your 65th birthday, your LTD benefits will cease. In the months 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)

Please note ~ If you started getting any of the income listed below and have not already called WorkSafeNB, please call 1 800 222-9775 immediately.

Are you receiving:	Yes	No	2011 Monthly Amount
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 2010, did you receive:

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 & RRIFs	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ Specify _____

* For RRSP/RRIF income, please provide a letter from your financial institution stating who contributed to the RRSP/RRIF.

**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** _____

Home phone: _____ **Cell phone:** _____

S.I.N.: _____

Date of Birth: _____

Comments: _____