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2017 PERMANENT PARTIAL/TOTAL DISABILITY QUESTIONNAIRE

A- In accordance with the *Workers' Compensation Act*, a review of your Permanent Partial/Total Disability award will be made on the anniversary month of your accident and if applicable, adjusted in accordance with the changes in the New Brunswick Industrial Aggregate Earnings.

B - In order to review your pension benefits for 2017, ALL of the following questions must be answered. To avoid a delay in the review of your file, *photocopies* of all of your 2016 T slip(s) must accompany income reported and/or a *photocopy* of your processed 2016 Income Tax Return Information printout (*provided by CRA at 1-800-959-8281*). PLEASE NOTE: Originals will NOT be returned.

C - This form must be returned no later than March 31, 2017 to avoid any interruptions in your benefits.

1. (a) Have you worked during the year 2016? Yes No

(b) What were your earnings for this/these period(s)? \$ _____ (Gross)
(Include a copy(ies) of T4 slip(s))

(c) If employed, please state the name, address and telephone number of your employer(s).

(d) If self-employed, please state the business name, type of operation and the telephone number.

2. (a) Did you receive employment insurance benefits during the year 2016? (Please check answer)

Regular Yes No **Sick** Yes No

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

3. (a) Were you in receipt of Canada Pension Plan or Quebec Pension Plan benefits in 2016?
(Please check answer) (Include a copy of either your 2016 T4A(P) slip or a cheque stub)

Retirement Yes No **Disability** Yes No

(b) If yes, what was the amount you received? (Do not include children's benefits)

\$ _____ / month \$ _____ / month
(For 2016) **(For 2017)**

4. (a) Were you in receipt of Old Age Security benefits in 2016? (Please check answer)
(Include a copy of either your 2016 T4A(OAS) slip or a cheque stub)

OAS Regular Yes No **OAS Supplement** Yes No

(b) If yes, what was the amount you received?

\$ _____ / month \$ _____ / month
(For 2016) **(For 2017)**

5. Please state all other monthly income received. (Specify, ex: long term disability, early retirement, etc.)

(a) _____ \$ _____ /month (Gross)
(b) _____ \$ _____ /month (Gross)

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 false information. I hereby authorize WorkSafeNB access to verify any and all information concerning my income from all sources.

Signature: _____ **Date:** _____

Address: _____
_____ **Postal Code:** _____

Home phone and/or cell number: _____

S.I.N.: _____

Date of birth: _____