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2020 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 2020, ALL of the following questions must be answered. To avoid a delay in the review of your file, *photocopies* of all of your 2019 T slip(s) must accompany income reported and/or a *photocopy* of your processed 2019 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 27, 2020 to avoid any interruptions in your benefits. **Please send by mail or to our toll free fax # 1 888 629-4722.****

- 1.** (a) Have you worked during the year 2019? **Yes** **No**
- (b) What were your earnings for this/these period(s)? \$ _____ (Gross)
(Include copy/copies of T4 slip(s))
- 2.** (a) Did you receive employment insurance benefits during the year 2019? (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 2019?
(Please check answer) (Include a copy of either your 2019 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
(For 2019)

\$ _____ / month
(For 2020)

4. (a) Were you in receipt of Old Age Security benefits in 2019? (Please check answer)
(Include a copy of either your 2019 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
(For 2019)

\$ _____ / month
(For 2020)

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: _____

SIN: _____

Date of birth: _____