

Claim # _____

2024 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 2024, ALL of the following questions must be answered. To avoid a delay in the review of your file, *photocopies* of all of your 2023 T slip(s) must accompany income reported and/or a *photocopy* of your processed 2023 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 22, 2024 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 2023? 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 2023? (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 2023?
(Please check answer) (Include a copy of either your 2023 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 2023) (For 2024)
- 4.** (a) Were you in receipt of Old Age Security benefits in 2023? (Please check answer)
(Include a copy of either your 2023 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 2023) (For 2024)

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: _____