

## **2018 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 2018, ALL of the following questions must be answered. To avoid a delay in the review of your file, *photocopies* of your 2017 T slip(s) must accompany income reported and/or a *photocopy* of your processed 2017 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 29, 2018 to avoid any interruptions in your benefits.**

1. (a) Have you worked during the year 2017?       **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).

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

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2. (a) Did you receive employment insurance benefits during the year 2017? (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 2017?  
(Please check answer) (Include a copy of either your 2017 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 2017)

\$ \_\_\_\_\_ / month  
(For 2018)

4. (a) Were you in receipt of Old Age Security benefits in 2017? (Please check answer)  
(Include a copy of either your 2017 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 2017)

\$ \_\_\_\_\_ / month  
(For 2018)

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: \_\_\_\_\_