



1 Portland Street, P.O. Box 160
 Saint John, N.B. E2L 3X9
 Phone 506 632-2200
 Toll-free 1 800 999-9775
 Web worksafenb.ca

1, rue Portland, case postale 160
 Saint John (N.-B.) E2L 3X9
 Téléphone 506 632-2200
 Sans frais 1 800 999-9775
 Web travailsecuritairenb.ca

Claim # _____

SURVIVING SPOUSE QUESTIONNAIRE

The benefits you receive from WorkSafeNB are reviewed annually on the anniversary of your spouse's death and adjusted in accordance with the percentage increase established by WorkSafeNB. To avoid any interruptions in your benefits, we request that you complete this questionnaire and return it **no later than March 24, 2023**, in the enclosed self-addressed envelope. All reported income must be accompanied by *photocopies* of all **2022 Information slips** (i.e. T3, T4, T4A, T4E, T5, etc.). If you receive income from any source other than surviving spouse benefits from Canada/Quebec Pension Plan and/or WorkSafeNB, we require a *photocopy* of your **2022 Income Tax Return Information printout from Canada Revenue Agency (CRA)**. To receive this printout, please contact CRA at 1 800 959-8281.

NOTE: Originals will NOT be returned.

INCOME

- 1. Employment Earnings for 2022 (Gross) \$ _____
- 2. Employment Insurance Benefits for 2022 (Gross) \$ _____
- 3. Surviving Spouse Benefits under Canada/Quebec Pension Plan for 2022: [Attach a copy of the 2022 T4A (P)] \$ _____
(Report only your portion of benefits and not for your dependents.)
- 4. All **other income** for 2022 (Gross, add supporting documentation) \$ _____

DEPENDENTS

Please list all dependent children.

Name of Child:	Attending school full time		Date of Birth
_____	Yes	No	____ / ____ / ____ day / month / year
_____	Yes	No	____ / ____ / ____ day / month / year
_____	Yes	No	____ / ____ / ____ day / month / year

Other Dependents, explain:

If any of your dependents are disabled (please specify whom), what deductions are you claiming on your Income Tax Return? \$ _____

DECLARATION

I certify that the statements made by me in this questionnaire are true and complete to the best of my knowledge.

Signature: _____ Date: _____
 SIN: _____ Date of Birth: _____
 Phone # (home): _____ Phone # (work): _____
 Phone # (cell): _____

**If you have any questions, please contact Pensions and LTD Unit
 1-800-999-9775**

To submit your questionnaire by email, attach the completed document and state "Annual Questionnaire" in the subject line, then send to application-demande@ws-ts.nb.ca.

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Or, you can submit your questionnaire by mail or fax: WorkSafeNB, 1 Portland Street
PO Box 160, Saint John, NB E2L 3X9. Fax toll-free: 1 888 629-4722