



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 21, 2025**, in the enclosed self-addressed envelope. All reported income must be accompanied by *photocopies* of **all 2024 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 **2024 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 2024 (Gross)
- \$
2. Employment Insurance Benefits for 2024 (Gross)
- \$
3. Surviving Spouse Benefits under Canada/Quebec Pension Plan for 2024: [Attach a copy of the 2024 T4A (P)]
- \$
- (Report only your portion of benefits and not for your dependents.)
4. All other income for 2024 (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:

SIN:

Phone # (home):

Phone # (cell):

Date:

Date of Birth:

Phone # (work):

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