



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 Information slips for 2024* (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 must receive a *photocopy of your 2024 Income Tax Return Information printout from Canada Revenue Agency (CRA)*, provided to you by calling CRA at 1 800 959-8281.

PLEASE 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. If any of your dependents are disabled (please specify whom), what deductions are you claiming on your Income Tax Return? Whom? _____ \$ _____
5. All other income for 2024 (Gross, add supporting documentation) \$ _____

NEW SPOUSE/COMMON LAW SPOUSE

(Provide copy of **2024 Income Tax Return Information printout from CRA**)

Name: _____

INCOME

1. Employment earnings for 2024 (Gross) \$ _____
2. Employment insurance benefits for 2024 (Gross) \$ _____
3. All other income for 2024 (Gross, add supporting documentation) \$ _____

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 regarding benefits and marital status, please contact Pensions and LTD Unit
 1-800-999-9775**