



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

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 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 22, 2024**, in the enclosed self-addressed envelope. All reported income must be accompanied by *photocopies of all Information slips for 2023* (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 2023 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 2023 (Gross) \$ \_\_\_\_\_
2. Employment Insurance Benefits for 2023 (Gross) \$ \_\_\_\_\_
3. Surviving Spouse Benefits under Canada/Quebec Pension Plan for 2023: [Attach a copy of the 2023 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 2023 (Gross, add supporting documentation) \$ \_\_\_\_\_

### NEW SPOUSE/COMMON LAW SPOUSE (Provide copy of **2023 Income Tax Return Information printout from CRA**)

Name: \_\_\_\_\_

### INCOME

1. Employment earnings for 2023 (Gross) \$ \_\_\_\_\_
2. Employment insurance benefits for 2023 (Gross) \$ \_\_\_\_\_
3. All other income for 2023 (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**