Application for Benefits - Occupational Hearing Loss

Instruction

Submit this form when applying for WorkSafeNB benefits, such as hearing aids, due to occupational noise-induced hearing loss. You must complete this form and send it to WorkSafeNB within one year from the earlier of: the date of an audiogram that shows evidence of noise-induced hearing loss, OR, the date of your last exposure to noise in the workplace at a level and duration significant enough to have caused the hearing loss. If your hearing loss is a result of a specific event, such as an explosion, please complete the *Application for Workers' Compensation Benefits* form instead.

Hurt on the job? We're here to help!

No one likes being hurt. But, if it does happen, it's good to know you have a reliable and supportive team behind you. Help starts with your employer. If you haven't already done so, inform your supervisor, manager or other appropriate person at your workplace of your occupational hearing loss as soon as possible.

Reporting your hearing loss as soon as possible is important. It helps ensure you get the help you need.

Your health and wellness is a priority. This means timely medical treatment. We know waiting can be difficult. To help ensure you get a decision on your application as quickly as possible, it's important that you complete all sections in full.

Information you must have ready includes:

- Medicare and social insurance numbers
- Employer contact name and phone number
- Details of the noise exposure
- Name of your audiologist and date of visit, if you received a hearing test
- Void cheque or banking information (account, branch and financial institution numbers)

Your application will not be processed **until ALL required information** has been received.

To learn more about the claims process, potential benefits available, and healthy and safe return to work, please go to worksafenb.ca/workers. If you have any questions, please contact us toll-free at **1 800 999-9775** (Monday to Friday, 8 a.m. to 4:30 p.m.).

IMPORTANT: Save this form to your computer or network drive BEFORE you start. Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.

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Date of application

1. Application

You must report any occupational noise-induced hearing loss to your employer as soon as possible.

Are you applying for WorkSafeNB benefits within one year of the earlier of the date of:
- An audiogram that shows evidence of noise-induced hearing loss, OR
- The date of your last exposure to noise in the workplace at a level and duration significant enough to have caused the hearing loss?

☐ Yes ☐ No If no, please explain the reason for delay

Did you report your occupational hearing loss to your employer? ☐ Yes ☐ No

If yes, date reported to employer:

Please indicate that you have provided the following information to your employer:

☐ Confirmation that an audiogram showing evidence of noise-induced hearing loss has been obtained

☐ Date of last exposure to noise in the workplace (at a level and duration significant enough to have caused the hearing loss, if known)

2. Your Information

Last name	First name		
Street address			Apt. no.
Town/City	Postal code	Occupation	
Phone number (cell)	Phone number (home)	Phone number (work/other)	Preferred time to call ☐ Morning ☐ Afternoon
Email address	Date of birth		Sex ☐ M ☐ F ☐ X
Social insurance number	Medicare number		

WorkSafeNB requires banking information for travel cost reimbursements, etc. You can provide this by including or attaching a void cheque with this application or submitting the following information:

Branch number or transit number Financial institution Account number

You'll find the banking numbers needed on the bottom of your cheques. You may also find the numbers by visiting your financial institution's website and viewing the "Direct Deposit" or "Pre-authorized Payment" tabs. (Naming conventions may vary.)

Are you currently employed? ☐ Yes ☐ No	If no, provide the date you were last employed and the date you were last exposed to noise Proceed to section 3.
Date last exposed to noise	

Employer	Employer address (street or PO box number)	
Town/City	Employer Contact	Employer contact's phone number

Are you the owner/operator of this business? ☐ Yes ☐ No

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3. Medical Information – Current Hearing Problem

Did your hearing loss occur gradually, over time, or suddenly? ☐ gradual ☐ sudden

If suddenly, do not proceed with this form. Instead complete an *Application for Workers' Compensation Benefits* form)

When did you first seek medical attention for your current hearing problems?

Reason for Medical Attention

- ☐ Difficulty understanding others
- ☐ Cannot hear
- ☐ Dizziness
- ☐ Family history of hearing loss
- ☐ Earache/pain
- ☐ Other:

Have you previously seen an audiologist? ☐ Yes ☐ No

If yes, name of audiologist

Date of audiology assessment

An audiologist's report must be submitted with all applications for occupational hearing loss. If you have not had an audiologist's assessment, please have this assessment completed and the report submitted to WorkSafeNB for review.

Have you seen an Ear, Nose and Throat (ENT) specialist? ☐ Yes ☐ No

If yes, name of ENT specialist

Date of ENT visit

Did you have an audiogram/hearing test performed during your current employment or at the time of termination with your most recent employer (where there was exposure to noise)?

☐ Yes ☐ No

4. Medical Information – Previous Hearing Problem

What type of ear problems have you had in the past?

- ☐ None
- ☐ Earache
- ☐ Head injury
- ☐ Hole in eardrum
- ☐ Ear surgery
- ☐ Other:

Provide details of prior ear problems
(names of attending doctor/ear specialist/audiologist)

Do you wear hearing aids? ☐ Yes ☐ No

If yes, which ear? ☐ Left ☐ Right ☐ Both

If yes, date obtained

Have you submitted a claim for occupational hearing loss in another province/country? ☐ Yes ☐ No

Indicate where the claim was submitted and provide a claim number. Please request the decision letter from the workers' compensation board and provide a copy to WorkSafeNB for file completion.

Province

Country

Claim Number

5. Non-work-related Noise Exposure

Source of non-work-related noise exposure:			Details	Hearing protection		
☐ Yes	☐ No	Power tools		☐ Yes	☐ No	☐ Partial
☐ Yes	☐ No	Firearms		☐ Yes	☐ No	☐ Partial
☐ Yes	☐ No	Recreational vehicle		☐ Yes	☐ No	☐ Partial
☐ Yes	☐ No	Snowblowers/lawnmowers		☐ Yes	☐ No	☐ Partial
☐ Yes	☐ No	Music/band member		☐ Yes	☐ No	☐ Partial
☐ Yes	☐ No	Other		☐ Yes	☐ No	☐ Partial

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6. Additional Employment Information

Your claim cannot be processed without completion of this section. Provide your full work history from the current time or last employment to the time you left school (or entered the workforce). If you are in a union, you may want to request a Record of Employment for accuracy when filing. If you have worked outside of NB, please also include a *Form B*.

Employer name	Address	Province
Employment dates: From To	Occupation	
Equipment used/Type of noise	Exposure hours/day	
Is employer still in business? ☐ Yes ☐ No	Ear protection ☐ Yes ☐ No	Plant area (if applicable)
Please provide the name of your union	Local	
Contact person	Telephone	

Employer name	Address	Province
Employment dates: From To	Occupation	
Equipment used/Type of noise	Exposure hours/day	
Is employer still in business? ☐ Yes ☐ No	Ear protection ☐ Yes ☐ No	Plant area (if applicable)
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Is employer still in business? ☐ Yes ☐ No	Ear protection ☐ Yes ☐ No	Plant area (if applicable)
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7. Declaration and consent

- [ ] I declare that that all the information provided by me is true and correct to the best of my knowledge.
- [ ] I consent and authorize WorkSafeNB to gather, use, release or disclose information from this claim, including medical and financial information, as authorized by law and in accordance with the *Personal Information Protection and Electronic Documents Act*, the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. WorkSafeNB takes the protection of your privacy seriously. Read our Access to Privacy and Information statement.
- [ ] I consent to and agree that any health care provider may provide any medical information related to my workers' compensation claim to WorkSafeNB and may provide any information related to my ability to return to work to WorkSafeNB or my employer.

Name	Signature	Date

8. Confirmation and submission

Before submitting, have you:

- [ ] Completed all required sections in full?
- [ ] Attached/included a copy of a void cheque or provided banking numbers?

Please submit your *Application for Benefits – Occupational Hearing Loss* by email to app-dem@ws-ts.nb.ca.

To submit your application by email, save this completed document to your computer, attach the completed document to an email, state "Application for benefits – Occupational Hearing Loss" in the subject line, and send email to app-dem@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 Application for Workers' Compensation Benefits by mail or fax:

WorkSafeNB
1 Portland Street, PO Box 160
Saint John, NB E2L 3X9
Fax toll-free: 1 888 629-4722