WorkSafe
Travail sécuritaire NB

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

Name: Claim #

Address:

In accordance with the *Workers' Compensation Act*, adjustments to long-term disability (LTD) benefits are made on the anniversary month of your injury or recurrence of injury.

Please complete the Long-Term Disability Questionnaire (Part A and Part B) and return it to WorkSafeNB using your MyServices account. The information you provide is needed to calculate your ongoing long-term disability benefits.

DEADLINE for completing the Long-Term Disability Questionnaire is **March 31, 2026**. A delay in receiving the completed questionnaire may result in an interruption of your long-term disability benefits!

Questionnaire can be sent by:

- **EMAIL:** To submit by email, attach the completed document and state "Annual Questionnaire" in the subject line, then send to documents@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.

- **TOLL-FREE FAX**: 1 888 629-4722

- **MAIL:** WorkSafeNB, 1 Portland Street, PO Box 160, Saint John, NB E2L 3X9.

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Cette correspondance est offerte dans les deux langues officielles. Si le *Questionnaire relatif à l'invalidité à long terme* qui vous ont été envoyés ne sont pas dans la langue de votre choix, veuillez téléphoner 1 800 999-9775. Mes-Services Nous offrons un service en ligne sécurisé vous donnant un accès facile à des renseignements sur votre réclamation. Le portail de Mes services vous permet d'en apprendre au sujet des services et des prestations; de voir l'état de votre réclamation et des dates de paiement; d'accéder à un système de courriel sécurisé; et encore plus. Pour apprendre comment vous inscrire et demander un NIP, allez à travailsecuritairenb.ca/messervices.	This correspondence is available in both official languages. If this Long-Term Disability Questionnaire is not in the language of your choice, please call 1 800 999-9775. MyServices We offer secure online service with easy access to some of your claim information. MyServices lets you learn about services and benefits, check claim status and payment dates, access secure email, and more. To learn how to register and request your MyServices PIN, go to www.worksafenb.ca/myservices.

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2026 LONG-TERM DISABILITY QUESTIONNAIRE

Part A Earnings Information

Name, Claim#

If you started receiving OR have applied for any new income and have not already called WorkSafeNB, please call 1 (800) 999-9775 IMMEDIATELY, as your WorkSafeNB benefit may be reduced. This may result in an overpayment which must be repaid to WorkSafeNB.

1 Yes☐ No☐ Do you claim other tax exemptions in addition to personal basic?

2 Yes☐ No☐ Were you self-employed or did you operate a business? If yes, please send us:

- A copy of your T-2125 Statement of Business Activities
- Information printout RC 143 for the applicable year (from Canada Revenue Agency)

3 Did you receive any other income/benefit/pension? If yes, provide details (e.g., name of employer, amounts).

	Tax Slip	Description	Yearly Amount
Yes☐ No☐	T4	Statement of Remuneration Paid	$
Yes☐ No☐	T4-E	Employment Insurance (EI)	$
Yes☐ No☐	T4A	Statement of Pension, Or Other Income	$
Yes☐ No☐	T4A(P)	Canada/Quebec Pension Plan Disability (**monthly**)	$
Yes☐ No☐		Other Tax Slip:	$

4 Yes☐ No☐ Have there been any significant changes to your employment situation (e.g., new job, pay increase, retired, etc.)? If yes, provide details.

5 Check A or B

☐ A I am sending the questionnaire now and I have included a copy of all the tax slips for last year (originals will not be returned). If you are missing tax slips, call CRA at 1-800-959-8281.

☐ B I am sending the questionnaire now and I will send the tax slips later (I am still waiting for them).

I certify that the statements made by me in this questionnaire are true and complete to the best of my knowledge. I am aware that if I make a false or misleading statement, WorkSafeNB may file a criminal complaint or civil action. I am also aware that my benefits may be withheld to repay any overpayments paid because of my misrepresentation. I hereby authorize WorkSafeNB to verify any and all information concerning my earnings from all sources.

Signature _____ **Date:** _____

Phone # _____ **Date of birth:** _____

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Name, Claim #

2026 LONG-TERM DISABILITY QUESTIONNAIRE

Part B Status of Your Workplace Injury and Employability

Section I. Status of your workplace injury

1. In recent years, has there been a change in your ability to participate in activities involving walking, sitting, climbing stairs, lifting or carrying objects? **(check one)**

   ☐ Improved ☐Same ☐Worsened (If **improved** or **worsened**, please explain): _____

2. Which health care providers are you currently seeing? **(check all applicable and provide names)**

   ☐Family Doctor _____ ☐Psychologist _____
   ☐Physiotherapist _____ ☐Occupational Therapist _____
   ☐Nurse Practitioner _____ ☐Specialist _____
   ☐Chiropractor _____ ☐Psychiatrist _____
   ☐Other, please specify _____

3. Have you had any procedures or treatments related to your workplace injury (ex.as surgery, therapy) in the last year? ☐**Yes** ☐**No** If yes, please specify_____

4. In recent years, have you developed any medical conditions? If so, please specify:
   _____

Section II. Employability

5. Are you interested in receiving assistance with returning to the workforce? ☐**Yes** ☐**No**

6. Please briefly explain your answer in question 5.
   _____

7. In recent years, have you attended or completed any work-related training? ☐**Yes (specify below)** ☐**No**
   _____

8. If you moved in the past year or plan to move in the next 90 days, please provide your new or future address and effective date _____

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

Signature: _____ **Date:** _____