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← Please indicate address changes or corrections.

## 2015 LONG-TERM DISABILITY QUESTIONNAIRE

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 read everything carefully and answer all that applies in your case.
- Return this form **NO LATER THAN March 31, 2015**. Even if you are waiting to submit your income tax, send us the questionnaire now, as a late return may cause your benefits to be suspended.
- Include photocopies of income tax "T" slips for all 2014 income. **Do not send originals**. If you need to, you can contact the Canada Revenue Agency at 1 800 959-8281 and ask for copies of all 2014 T slips.

1. **Income Tax Exemptions:** We always use "Basic Personal Exemption." If you claim *other* exemptions such as Disability or Spousal (for example, "I claim my wife/husband"), this may change your benefits. You must provide proof of other exemptions. **Check the box below that applies in your case.**

I only claim 'Basic Personal Exemption' on my income tax return. I do not claim other exemptions.   
I claim Basic Personal Exemption *and I claim other exemptions* on my income tax return.

***IF you claim other exemptions***, contact Canada Revenue Agency at 1 800 959-8281 and ask for "**Information Printout RC-143 Option C for 2014**." After you receive it, please send it to us. ***This is the only proof we accept.***

### 2. Employment income:

(a) I worked for an employer in 2014:  Yes  No

Total 2014 employment earnings (total Box 14 on T4 slips): \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Your position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

\_\_\_\_\_ Contact person: \_\_\_\_\_

\_\_\_\_\_ Hourly rate of pay: \$ \_\_\_\_\_

(b) I received employment insurance in 2014:  Yes  No

Amount received from Employment Insurance in 2014 (Box 14 on T4-E slips): \$ \_\_\_\_\_

(c) I was self-employed or operated a business in 2014:  Yes  No

- If Yes
1. Send photocopy of your 2014 T-2125 Statement of Business Activities *and*
  2. Send information printout RC 143-Option C for 2014 from Canada Revenue Agency
  3. Your deadline is extended to June 12, 2015

**Note: During the month of your sixty-fifth (65) birthday, your LTD benefits will cease. Following this, your file will be reviewed to determine your eligibility for an annuity amount. If you do qualify, you can expect to receive the annuity benefit within 4 to 5 months.**

**3. Financial remuneration:**

**(Please answer each item)**

**Please note –** If you started receiving any of the income listed below and have not already called WorkSafeNB, please call 1 (800) 222-9775 immediately.

<b>Are you receiving:</b>	Yes	No	<b>2015 monthly amount</b>
Canada or Quebec Pension Plan <i>Disability</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
*Canada or Quebec Pension Plan Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
US Social Security <i>Disability</i> Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
*US Social Security Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employer Insurance - Short-Term <i>Disability</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employer Insurance - Long-Term <i>Disability</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
*Employer Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Employer Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Wage Loss Replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(Name provider) _____			
Other Pension or Benefit not listed above	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(Name provider) _____			

<b>Last year (in 2014) did you receive:</b>			<b>Amount</b>
Lump sum severance or termination pay	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
*Employer retirement pension plan payout	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Any other income, including *RRSP & * RRIF	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ Specify: _____

\* This information is not used to calculate your benefits; it is collected to measure if we are achieving our strategic goal of providing the best possible benefits to injured workers while maintaining the lowest possible assessment rates for employers

**REMEMBER: Send photocopies of all "T" slips you received for 2014.**

**DECLARATION**

*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 falsification may result in a reduction or interruption of the compensation benefits I am receiving. I am also aware that my benefits may be withheld to repay any excess benefits that I have been paid because of any false information. I hereby authorize WorkSafeNB access to verify any and all information concerning my earnings from all sources.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cellphone:** \_\_\_\_\_

**SIN:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Comments:** \_\_\_\_\_