

## Extended Earnings Loss Annual Review Questionnaire

**Please answer the following questions on both sides of this form and return the completed form, along with the requested information, to WorkplaceNL.**

1. (a) Have you worked or received employment-related income during the past two years? Yes ☐ No ☐

If yes, please provide a copy of your total earnings, such as a Proof of Income Statement or a Revenue Canada Printout. If it is not available at this time, you are required to provide it when it becomes available.

2. (a) Have you received Employment Insurance (EI) Benefits during the past two years? Yes ☐ No ☐

If yes, please provide a copy of your total Employment Insurance earnings in the form of a T4E, a Proof of Income Statement, Revenue Canada Printout or a letter from Service Canada.

3. (a) Are you receiving Canada Pension Plan (CPP) Disability Benefits? Yes ☐ No ☐

(b) If yes, have you notified WorkplaceNL that you are receiving CPP Disability Benefits and provided a copy of the Notice of Entitlement and a cheque stub? Yes ☐ No ☐

If no, please provide a copy of your Notice of Entitlement and a recent CPP cheque stub within two weeks from the date of this questionnaire.

(c) If you are not receiving CPP Disability Benefits, please indicate your current status:

- ☐ Have not applied
- ☐ Applied for CPP and awaiting decision
- ☐ Applied for CPP, but denied
- ☐ Denied CPP and currently appealing

4. (a) Are receiving a registered employer sponsored pension (ESPP) from your injury employer?

Yes ☐ No ☐

(b) If yes, have you notified WorkplaceNL that you are receiving ESPP and provided a copy of your Notice of Pension Entitlement and a pension cheque stub?

Yes ☐ No ☐

If no, please provide a copy of your Notice of Pension Entitlement and a recent pension cheque within two weeks from the date of this questionnaire.

5. (a) Please indicate the date when you last visited a physician regarding your work injury: \_\_\_\_\_

(b) Please provide the name of the physician that you visited: \_\_\_\_\_

If you have not seen a physician in the past 12 months regarding your work injury, please arrange to see your physician within the next 3 weeks. Your physician will submit an updated report to WorkplaceNL on your behalf.

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**I hereby declare that the answers given to the above questions are true and correct. I understand that receiving workers' compensation on the basis of false or misleading information may constitute an offence under the Criminal Code of Canada.**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
WorkplaceNL Claim Number

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date