

Affidavit

CLAIM NUMBER: This number will be assigned by WorkplaceNL when the first report of injury is received. It should then be quoted on all correspondence.

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I, _____, of _____, in the Province of
(Your name) (Where you live)

Newfoundland & Labrador make oath and say that:

1(a). I have not received or am entitled to receive any income from any source whatsoever for the period commencing _____ and ending _____ inclusive.

OR

1(b). I have received or will be entitled to receive income in the amount of \$_____ from the source(s) indicated below during the period commencing _____ and ending _____ inclusive.

Please check applicable source(s):

- Any earnings from a job or contract
- Social Assistance
- Employment Insurance
- Canada Pension (CPP) Benefits
- Employer Benefits: (Please indicate benefit by ✓)
 - Pension
 - Sick Leave
 - Annual Leave
- Other _____
(Specify who paid you the money)

2. I make this affidavit with the full knowledge that if I misrepresent the information contained in this affidavit that WorkplaceNL may commence a legal action to recover the money I received or became entitled to receive during the period specified in paragraph 1(a) or (b) above and I may be prosecuted for fraud.

SWORN TO at _____
in the Province of Newfoundland & Labrador
this _____ day of _____,
before me:

**Justice of the Peace (Commissioner for Oaths,
Notary Public or a Barrister)**

Signed