



Extended Earnings Loss Annual Review Questionnaire

Please answer the following questions (both sides) and return this form, as well as all requested information to our office. In completing this form, it is important to understand that compensation obtained on the basis of false or misleading information, may constitute an offence under the Criminal Code of Canada.

1. (a) Have you worked or received an income during the year (s) _____
Yes _____ No _____

(b) If yes, please provide your total earnings (from all T4 slips): _____

NOTE: You must provide a Revenue Canada Printout for the year (s) indicated in 1(a), even if you have not worked during this period. If it is not available at this time, you are required to provide it when it becomes available.

2. (a) Did you receive Employment Insurance (EI) Benefits during the year(s) _____
Yes _____ No _____

(b) If yes, please submit proof of Employment Insurance earnings in the form of a T4E, a Revenue Canada Printout or a letter from Service Canada Centre.

3. (a) If you are receiving Canada Pension Plan (CPP) Disability Benefits and have already provided WorkplaceNL with proof of your CPP Benefits (Notice of Entitlement and cheque stub), go to question #4.

(b) If you are receiving CPP Disability Benefits and have not provided WorkplaceNL with proof of your CPP Disability Benefits, please provide a copy of your Notice of Entitlement and a recent CPP cheque stub.

(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) If you are receiving a pension from your employer and have already provided WorkplaceNL with proof of your pension benefits (Notice of Pension Entitlement and pension cheque stub), go to question #5.

(b) If you are receiving a pension from your employer and have not provided WorkplaceNL with proof of your pension benefits, please provide a copy of your Notice of Pension Entitlement and a recent pension cheque stub.

5. (a) When did you last visit a physician regarding your work injury? _____

(b) Provide the name of the physician that you visited: _____

NOTE: If you have not seen a physician regarding your injury during the last six months, you must do so during the next 3 weeks and have an up to date medical report submitted to WorkplaceNL.

6. As telephone contact may be necessary to further discuss the above information, please provide us with a telephone number where you may be reached during the day.

I hereby solemnly declare that the answers given to the above questions are true and correct.

Signature of Witness (I am signing that I know this worker and that I saw this worker sign this form).

Signature of Worker

Print Full Name

Print Full Name

Date

Date

Address of Witness

WorkplaceNL Claim Number

Phone Number

NOTE: Your witness can be an adult family member.