



SASKATCHEWAN
WORKERS'
COMPENSATION
BOARD

200 - 1881 Scarth Street
Regina, Sask. S4P 4L1

Phone: (306) 787-4370
Toll Free: 1-800-667-7590
Fax: (306) 787-4311
Toll Free Fax: 1-888-844-7773

SREQ

VERIFICATION OF SPOUSAL INCOME STATEMENT

PERSONAL INFORMATION

Name	Claim #
Current Address	
Has your address changed in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Telephone: Home	Work Other
Social Insurance #	

INCOME INFORMATION

1.	Have you worked in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes	Current or most recent employer	
	Employer's Address	
	Employed	From: dd/mm/yy To: dd/mm/yy
	Occupation	
	Regular gross wage before deductions (complete one)	Hourly rate _____ x _____ Hours per week
		Monthly salary
		Annual salary
If you have worked for other employers in the past 12 months, please write the above information about them on a separate piece of paper and attach it to this form. Make sure to include your claim number.		
If no	I have not worked in the last twelve months because	
	I am seeking employment in the occupation(s) of	
2.	Your portion of Survivor's Benefits from the Canada Pension Plan (do not include children's portion).	\$ _____ per month

Date _____ Signature _____

By signing, I verify the above information to be true.

Please attach copies of your last Income Tax and Benefit Return and Notice of Assessment from Canada Revenue Agency and return to our office at the address listed above.