



Click on any field to start editing.

**VERIFICATION OF SPOUSAL INCOME STATEMENT**

<b>PERSONAL INFORMATION</b>			
Name:	WCB claim number:		
Current address:			
Has your address changed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current phone: Home	Work	Other	
<b>INCOME INFORMATION</b>			
1.	Have you worked in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes:	Current or most recent employer		
	Employer's address		
	Employed	From: (MM/DD/YYYY) To: (MM/DD/YYYY)	
	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. <b>Make sure to include your claim number.</b>			
If no:	I have not worked in the last 12 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: _____ (MM/DD/YYYY) Signature: <b>Please print &amp; sign form before mailing/faxing.</b>			
I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.			

**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.**

