

Click on any field to start editing.

Worker's Declaration Form

WCB claim number: _____

Reporting options: 1) wcbask.com 2) Fax: 1.306.787.4311 3) Email: forms@wcbask.com

Please complete this form and return it to the Saskatchewan Workers' Compensation Board (WCB) within seven days. The WCB is committed to supporting you in your recovery and return to work. The WCB requires this information to ensure that this support continues in an accurate and timely manner.

While receiving WCB earnings loss benefits, you must report any employment activity to the WCB, even if you do not receive payment for this work. This is so the WCB can adjust your earnings loss benefits accordingly and avoid any unnecessary overpayment to you. Please answer the following questions for the period since (a) the date of injury or (b) your last signed declaration form (whichever is more recent).

Have you worked for your pre-injury employer? ☐ No ☐ Yes (provide details):

Do you have other sources of income? ☐ No ☐ Yes (provide details):

Are you performing any work, for yourself or another employer, whether you are receiving payment or not? ☐ No ☐ Yes (provide details):

Are you involved in any activities that are outside of your physical abilities as outlined by your care provider? ☐ No ☐ Yes (provide details):

I hereby declare that the information I have provided in this document is true, accurate and correct to the very best of my knowledge, and by signing this document, I hereby verify the truth of the contents contained herein. I understand that criminal prosecution may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Please print & sign form before mailing/faxing.

Date MM/DD/YYYY

Printed name

Signature

