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Questionnaire B : Years Of Accident from 1990 to December 31, 1997.

Name: _____

Phone #: _____

Address: _____

Date of Birth: _____

Date of Accident: _____

W. S. I. B. Claim Number(s):

Injuries from the work accident:

Any other health problems (not from the work accident)?:

Previous Representation:

No: _____

Yes: _____ by whom? _____

Entitlement Related Questions

1. What was your job at the time of accident? (describe)

2. What were your earnings at the time of accident, hourly, weekly, and yearly?

3. How long were you employed with the employer at the time of accident, weeks, months, years?

4. Did the Board allow initial entitlement of your claim? If not explain why?

5. What was your weekly, and monthly Worker's Compensation Rate paid while on benefits?

6. How long were you paid compensation benefits from date of accident? example: 1 week, or 7 months, or 8 years?

7. (A) Did you receive any retraining from the Board? If so, what type of retraining, when and where? Example: returned to school for truck driving, civil engineer technician Etc., from 1992 till 1995.

OR

7. (B) If you were not retrained, then provide a description of past vocational rehabilitation services that you were involved in with the Board. Example: six months job search for gas bar attendant. Etc.

8. Did you receive a Non-Economic Loss award from the Board? If so what year. What is the percentage of your NEL? Example: 10%. Was it paid in a lump sum or monthly payments?

9. Did you receive a Future Economic Loss award from the Board? If so what year and have the FEL reviews occurred? What is the monthly amount of your future economic loss award, if any?

13. Your present employment and earnings status? Or if you are not presently working than please outline your status (source of income). Example: Canada pension, Disability insurance, Social assistance, Employment insurance, retired, Etc...

Horizontal lines for writing the answer to question 13.

14. Throughout your Workers' Compensation History, did you experience any personal working relation problems with either the claims adjudicator and/or the vocational rehabilitation case worker? If so explain:

Horizontal lines for writing the answer to question 14.

15. Any other information that you would like us to know?

Horizontal lines for writing the answer to question 15.

16. Any questions that you may have?

17. The best days and times to telephone you to discuss our questionnaire reviews are: Thank You.

Date Completed: _____