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Questionnaire C : Years Of Accident from January 1st, 1998 to Date.

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. What did you earn as income (income tax returns) for the past 5 years before the work accident?
What type of employment were you involved in?

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

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

6. What was your Short Term weekly (STM), and Long Term weekly (LTM) Workers' Compensation Rate paid while on benefits?

7. How long were you paid compensation benefits from date of accident? example: 1 week, or 7 months, or 2 years?

8. (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 1998 till 2000.

OR

8. (B) If you were not retrained, then provide a description of past Labor Market Re-entry (LMR) services that you were involved in with the Board. Example: six months job search for gas bar attendant. Etc.

9. 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?

10. Did you receive a Loss of Earnings award (LOE) from the Board? If so what year and have the LOE reviews occurred? What is the monthly amount of your loss of earnings award, if any?

11. From your understanding, what was the Loss of Earnings (LOE) award based on?
Example: Projected wages of Business administration, Graphic artist, Parking lot attendant.

12. Are you presently receiving a Board Supplement to your LOE? If so, how much monthly?

13. Describe your employment history if any, after the accident; and the yearly earnings of your employment history. Example: Employed from 1998 till 1999 in a fabric factory, earning \$8.00 hourly being \$16,000 yearly. Etc.

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

17. Any questions that you may have?

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

Date Completed: _____