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**Questionnaire A : Years Of Accident Up To And Including 1989.**

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)

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

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

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

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

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6. How long were you paid compensation benefits from date of accident? example: 1 week, or 7 months, or 10 years?

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Date Completed: \_\_\_\_\_