WCB / NOVA SCOTIA

200-137 Venture Run
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WORKER DECLARATION: Extended Earnings Replacement Benefit Review

Visit our website: wcb.ns.ca

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Date (MM/DD/YYYY):

Claim Number:

Worker Information

Last Name	First Name	Init.
Home Address (No. Street, Unit / City or Town / Prov. / Postal Code)		
Primary Telephone No.	Secondary Telephone No.	

Since receiving your monthly Extended Earnings Replacement Benefits (EERB):

1. Have you worked in any capacity? ☐ Yes ☐ No

2. Are you currently working? ☐ Yes ☐ No

3. What is your current hourly rate? | How many hours do you work a week?

4. Please provide a list of employers you have worked for since starting to receive your EERB. *(Please use additional paper if necessary):*

Employer	Position	To / From Dates	Reason for Leaving

5. If you are not currently working, why?

6. Are you currently receiving Canada Pension Plan Disability (CPPD) benefits? ☐ Yes ☐ No

If Yes, please indicate amount $ _____ /month and effective date ____ / ____ / ____

If No, have you ever applied for CPPD benefits? ☐ Yes ☐ No

If you have applied, but are not receiving CPPD benefits, what is the current status of your application? Check one option below:

☐ In appeal ☐ Denied due to lack of contributions ☐ Denied due to insufficient medical

I have read and understood the information above and understand that in signing below, I am confirming this information is correct.

Signature: _____ Date: _____