

PERSONAL ATTENDANT'S WAGE LOSS

Claim number:
Claimant's first name:

Personal attendant's social insurance #:

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Personal attendant's name: (Surname) _____		(First name) _____	(Initial) _____
Address: Street _____	City/Town _____	Province _____	(Postal code) _____
			Telephone number: _____

***Note:** WCB requires a personal attendant's Social Insurance Number in order to process the T4A slips for income tax purposes.

The above named personal attendant is required to assist a WCB claimant to attend an appointment (i.e. medical examination or appeal hearing) in relation to their claim. WCB can pay a wage loss allowance if the personal attendant has a loss of earnings as a result of leaving work to attend the appointment.

TO ALLOW US TO PROPERLY REIMBURSE THE PERSONAL ATTENDANT, PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS OR FAX NUMBER NOTED ABOVE.

1. Will you pay the personal attendant directly for the time missed to attend this appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please note, WCB does not reimburse employers for time missed due to appointments. Therefore, if you would like WCB to pay the personal attendant for this time missed, please do not pay them directly.

2. Is the personal attendant self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the personal attendant must supply WCB with either a copy of their previous years T1 General or Option C from Revenue Canada or supply WCB with income and expenses for the period of one month prior to the appointment date.
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3. Total time missed from work to attend appointment(s): _____ Total hours

4. Date(s) missed from work: _____

5. Rate of pay: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Yearly gross <input type="checkbox"/> Other
For any other rate of pay, please provide a detailed explanation and the personal attendants' gross earnings for the month prior to the date(s) missed from work: Other rate of pay: _____
Gross earnings from Year/Month/Day to Year/Month/Day = \$ _____

6. Average number of hours worked per week: _____

7. Employer's name: _____		Telephone number _____
Address Street _____	City/Town _____	Province _____ (Postal code) _____
Email address: _____		

Contact name (print): _____	Contact signature: _____
Official title: _____	Date: _____ (Year / Month / Day)