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Email: forms@wcbsask.com

SREQ

Click on any field to start editing.

Verification of Spousal Income Statement

| Client information | |
|--|--|
| Name: | WCB claim number: |
| Address: | DI () |
| Email address: | |
| Please notify our office of any address changes. | |
| Income information | |
| Are you in receipt of Canada Pension Plan sur | vivor's pension? |
| ☐ Yes ☐ No If yes, please attach a copy Agency, if available. | of your T4(A) slip from Canada Revenue |
| 2. Are you currently working? | If yes, please provide the following: |
| Employer name: | |
| Current hourly rate: | |
| Number of bound managed | |
| 3. Please attach copies of the following documen | ts: |
| ☐ Most recent income tax return. | |
| Saskatchewan Tax form (SK428) or province from your home province if you are not livin | |
| ☐ Notice of assessment (NOA). | |
| Failure to submit this information may result in a | disruption of your benefits. |
| Your documents can be submitted by: | |
| Mail: 200 - 1881 Scarth St., Regina, SK S | 4P 4L1. |
| • Fax: 1.306.787.4311 or toll free 1.888.844 | |
| Email: forms@wcbsask.com. | |
| - | |
| I declare all the information provided is true and openalties may result from any attempt to (1) obtain (2) prevent collection of compensation benefits. | correct. I understand that criminal prosecution or in compensation benefits by fraudulent means and/or |
| Date mm/dd/yyyy Name (please print) | Signature |



