

## **Statutory Declaration and Claim:**

## Spouse or Common-law Partner Of a Deceased Worker

401 Strickland Street, Whitehorse YT Y1A 5N8 Telephone (867) 667-5645 Toll Free 1-800-661-0443 Fax (867) 667-8740 Website www.wcb.yk.ca

Please complete the following form to make a claim for spousal and/or dependent benefits. If you are unable to answer any of the questions, please contact the Manager, Claimant Services at 1-800-661-0443 or 867-667-5319 for further explanation. PLEASE PRINT.

## STATUTORY DECLARATION

pursuant to the CANADA EVIDENCE ACT, R.S.C. 1985, c. C-5

l,				
FULL NAME SOLEMLY DECLARE THAT:				
SOLLWILL DECLARE THAT.				
I am making a claim for spousal and/or dependent benefits under the <i>Workers' Compensation Act</i> . I authorize the release from any source to the Yukon Workers' Compensation Health & Safety Board of medical or any other information relevant to my claim.				
Worker's Full Name				
Date of Worker's Birth  Day Month Year  Date of Worker's Death  Day Month Year				
Name of Worker's employer at time of accident				
PERSONAL				
Your date of birth Day Month Year Your social insurance number Day Month Year				
A. If you and Worker were legally married:				
Date of Marriage to Worker  Day  Month  Year				
1. At the date of the death of the worker (my spouse), we were living together in the same residence and we were not separated.				
NOTE: Please include a photocopy of your marriage certificate with this form.				
B. If you and Worker were common-law partners:				
1. At the date of the death of the worker (my common-law partner), we were living together in the same residence as if we were husband and wife and had been living together for at least twelve (12) months before his/her death.				
2. At the date of the death of the worker (my common-law partner) we helped each other financially.				
3. Examples to verify the above are attached and include evidence that: my common-law partner included me for his/her benefits with the employer; the Canada Revenue Agency was notified as to our marital status as common-law partners; we paid rent together; we paid mortgage payments together; we had a joint bank account; our bills were sent to the same address; our drivers' licenses show the same address; our health care cards in our names show the same address; our voter's registrations show the same address, or any other evidence that shows we shared household duties and held ourselves out to society as a couple who were living together.				

If these children are under 18 years of age or s resided with you and your spouse or with some submit this form).  Name  Do you have any children from a previous related with you and your spouse or with some submit this form).	Birth Date  still attending school, pleas	
resided with you and your spouse or with some submit this form).  Name	Birth Date	
resided with you and your spouse or with some submit this form).	,	With Whom They Reside
resided with you and your spouse or with some	eone else. (Please include	
	still attending school, pleas	
Did your spouse have any children from a prev	vious relationship?	Yes No
NOTE: If you have children between 18 and 2′ include photocopies of their birth certificates and 18 and 18 and 19		
Name 		Birth Date
If yes, please list the children below and send	copies of their birth certific	
At the date of my spouse's death, we had child support.  Yes No	dren by marriage, living wit	h us, who were dependant on his/her incom
At the date of my spouse's death, I was depended Yes No	ndant on his/her income for	support.
<u>DEPENDENTS</u>		
If no, please give the date you stopped living to	ogether	Day Month Year
If no please give the data you stopped living to	gettier: Tes	No L
At the date of his/her death, were you living to	gether? Yes	

the same force and effect as if made under oath.				
DECLARED BEFORE ME ) AT:) This day of20)	Signature of Spouse of Deceased Worker			
Notary Name Printed:				
Address of Notary Public:				
tudioso of Notary Fubilo.				
Extra space if needed)				

appeal, or may disclose such information to others in accordance with the law, including the Workers' Compensation Act.