

LOSS OF INCOME / EARNING CAPACITY - REQUIRED INFORMATION

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In addition to the form “**REQUIRED INFORMATION FOR ALL CIVIL LITIGATION FILES**”, we require information that will enable us to establish

1. the earnings had it not been of the accident/incident,
2. the actual/expected earnings as a result of the accident/incident, and
3. the post-accident/incident related benefits actually received/expected by the plaintiff

EARNINGS HAD IT NOT BEEN OF THE ACCIDENT/INCIDENT, AND ACTUAL PAST/EXPECTED FUTURE EARNINGS AS A RESULT OF THE ACCIDENT/INCIDENT

The information required depends on the employment situation of the plaintiff at the time of the accident/incident.

Salaried

- Employment history (occupations, employers, duration of employment, hourly rates, work schedule) – Records of Employment are helpful
- Highest education level achieved
- Income tax returns for at least the last five pre-accident/incident years and every year since then (Important: the notices of assessment are not sufficient as they do not provide a breakdown of income)
- If two jobs or more, the Statements of Remuneration Paid (T4) for the corresponding yrs
- If remunerated according to a collective agreement, union name/local (and agreement if readily available)
- If on commission, split of earnings between base salary and commission, and commission formula
- Any unreported income? Please provide specifics.
- A copy of the Canada/Quebec Pension Plan Statement of Earnings and Contributions
- Pay statements for pay periods immediately prior to the incident/accident and recent ones
- Likely career path had it not been of the accident/incident
- Description of fringe benefits
- If member of a pension plan, please provide a recent pension plan statement as well as the last statement before the accident/incident
- Any medical reports that provide specifics about the impact of the injuries on employment
- Vocational assessment report (if any) or employment prospect of the plaintiff
- If retraining/schooling is required, information about the field, the expected start date and end date
- Any specific scenarios you wish to consider (ex: return to work, change in work schedule – full-time, part-time, retirement age)
- The Examinations for Discovery transcripts which dealt with any of the above
- Any other pertinent work related/residual earning capacity information



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EARNINGS HAD IT NOT BEEN OF THE ACCIDENT/INCIDENT, AND ACTUAL PAST/EXPECTED FUTURE EARNINGS AS A RESULT OF THE ACCIDENT/INCIDENT (continued)

Self-employed / Business owner

- Description of the services/business (name, start date, type of goods/services, % ownership, role)
- Personal Income Tax Returns and, if applicable, the Corporate Tax Returns, for at least the last five pre-accident/incident years and every year since then.

We work in collaboration with a Chartered Business Valuator on those files. We will contact you for more information after our joint review of those documents.

Student (or no employment history)

If a vocational assessment was completed, please provide it as that report most likely addresses the work potential of the injured had the accident/incident not occurred and after the accident/incident.

If such assessment is not available, then please provide the following information:

- School grade at time of accident/incident and now, or if applicable, the highest education level completed
- For children and adolescents – parents’ and siblings’ highest educational levels and occupations
- If at College or University at time of the accident/incident - specific program and expected date of completion had the accident/incident not occurred and after the accident/incident
- Specific fields/occupations the plaintiff intended to pursue
- Any medical reports that provide specifics about the impact of the injuries on employment
- If retraining/schooling is required, information about the field, the expected start date and end date
- Any specific scenarios you wish to consider (ex: highest education had the accident/incident not occurred and after)
- The Examinations for Discovery transcripts which dealt with any of the above
- Any other pertinent work related/residual earning capacity information

BENEFITS RECEIVED AS A RESULT OF THE ACCIDENT/INCIDENT

For each calendar year since the accident/incident, we need to identify the income, other than earnings, received by the injured.

Some will show on the tax returns (ex: Canada Pension Plan disability benefits), others will not (ex: Income Replacement Benefits payable under the Statutory Accident Benefits Schedule).

We have listed here the typical documents/information required for each type of benefits.



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BENEFITS RECEIVED AS A RESULT OF THE ACCIDENT/INCIDENT *(continued)*

For the Income Replacement Benefits payable under the Statutory Accident Benefits Schedule (SABS)

- The Employer's Confirmation of Income (OCF-2)
- Income Replacement Benefits calculations (accountant reports or calculation sheets)
- A breakdown of benefits paid each year (often available from the insurer)

For the disability benefits from the Canada/Quebec Pension Plan program

- The approval document that shows: effective date of the benefits, monthly benefits payable each year since effective date and retroactive payment
- Name(s) and date(s) of birth of the child(ren) in receipt of benefits

For the disability benefits from an individual or group coverage

- Start date and end date (if applicable) of benefits
- Weekly/monthly benefits since their effective date (For example, the disability benefits may have been adjusted and an overpayment/underpayment created as a result of a retroactive pay increase, indexation, approval for CPP disability benefits)
- Disability policy plan text or key features of the policy (ex: indexation, tax treatment, reduction for other sources of income)

For the benefits from the Workers' Compensation program

- Start date and end date (if applicable) of benefits
- Weekly/monthly benefits since their effective date

