

BASIC INFORMATION CHECKLIST- FATAL INJURIES

1. Deceased's Personal Information

- (a) Name and Sex of Deceased
- (b) Date of Birth (DDOB)
- © Type and Date of Incident (DOA)
- (d) Date of Death (DOD)
- (e) Pre Incident Address
- (f) Pre Incident Health Status: Standard or Substandard? If substandard, provide a copy of any medical reports on reduced pre accident life expectancy.
- (g) Date of Valuation (DOV)
- (h) Deceased's Education/Qualifications

2. Surviving Spouse Information

- (a) Name and sex of Spouse
- (b) Date of Birth (SDOB)
- © Pre Incident Health Status: Standard or Substandard?
If substandard, provide a copy of any medical reports on reduced pre accident life expectancy.

3. Dependent Children Information

Provide name, sex and date of birth of each dependent child. If applicable, detail reason why older children are dependant (i.e. college student, disabled, etc.)

4. Deceased's Employment Information

- (a) Name of Employer and Date of Hire
- (b) Position at Date of Incident
- (c) Number of Hours Worked Per Week (Regular and Overtime) and Per Diem Rates.
- (d) Employment and Salary History

- (e) Outline deceased's career path, earnings scenario(s), and retirement plans had the Incident not occurred.
- (f) Provide T-4 slips and Income tax returns (personal and corporate, if applicable)

5. Deceased's Employee Benefit Plans Other Than Pension

- (a) Is there an Employer sponsored Group Life/Health/Dental/Disability Plan? If yes, provide a copy of the current group benefits booklet, and the Employer's per employee benefit cost.
- (b) Has the group benefits coverage for the surviving spouse and dependent children ceased following the accident? If yes, provide details.
- (c) Detail what, if any, post Incident collateral and lump sum benefits have been received.

6. Deceased's Pension/Retirement Savings Plans

- (a) Is there an Employer sponsored Pension or other Retirement Plan? If yes, provide a copy of the current employee pension booklet, most recent annual pension statement, and termination statement, if applicable.
- (b) Was the Deceased in receipt of a pension under the Pension Plan? If yes, provide the amount and type of the Deceased's pension benefit.
- (c) Is a survivor's pension payable to the surviving spouse? If yes, provide details including current amount of the survivor's pension.

7. Deceased's Canada Pension Plan Benefits

Was the Deceased in receipt of a Canada Pension Plan (CPP) benefit? If yes, provide details as to the amount and type of CPP benefit as at the date of the accident.

8. Household Services And Other Dependency Losses

Has a report been prepared detailing the value of household and other services forgone by the surviving spouse and/or dependant children? If yes, provide a copy of report.

9. Surviving Spouse's Other Sources of Income

- (a) Outline employment history.
- (b) Has surviving spouse terminated employment due to Incident. If yes, provide details.
- (c) Outline surviving spouse's career plans absent the Incident, and possible changes in career plans as a result of the Incident.