

LOSS OF DEPENDENCY INCOME AS A RESULT OF A FATAL ACCIDENT

- REQUIRED INFORMATION

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The Loss of Dependency Income consists of the loss to the family resulting from their dependency on the employment income of the deceased.

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

1. the expected earnings of the deceased and surviving spouse had it not been of the accident/incident
2. the percentage of the deceased’s income that the family consumed (the dependency rate), and
3. the post-accident/incident related benefits actually received/expected by the family

INFORMATION ABOUT THE EARNINGS OF THE DECEASED AND SURVIVING SPOUSE

The information required depends on the employment status of the deceased (surviving spouse).

Salaried

- Employment history (occupation, name of employer, duration of employment, hourly rates, work schedule) – Records of Employment are helpful
- Highest level of education
- Income tax returns for at least the last five pre-accident/incident years (and all post-accident years for the surviving spouse) (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.
- Pay statements for pay periods immediately prior to the incident/accident (and a recent one for the surviving spouse)
- Any planned career change had it not been of the accident/incident
- Employer-provided fringe benefits (including a pension statement, if applicable)
- Any specific scenarios you wish to consider
- Any other pertinent work related information/document including the Examinations for Discovery transcripts which dealt with any of the above

Self-employed / Business owner

- Description of the 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.

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.



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INFORMATION ABOUT THE SURVIVORS

- Name(s) and date(s) of birth of the survivor(s)
- If a surviving spouse, date of marriage
- If a surviving spouse and was employed, then provide the earnings information listed in the previous section for the surviving spouse in addition to the deceased's
- If surviving child(ren)
 - School grade – at the time of parent's death and current
 - If at College or University - specific program and expected date of completion
 - Any specific scenario you wish to consider (ex: maximum dependency age)
- Specifics about any extraordinary expenses that the deceased paid for the family (ex: rent for apartment away from home, travelling costs)
- Specifics (monthly amount) about the survivor pension and benefits received by the surviving spouse and surviving child(ren)

INFORMATION ABOUT THE SPENDING PATTERN OF THE DECEASED

- Specifics about any extraordinary expense pattern (high or low) of the deceased

