

Program for Reimbursing Expenses of Living Organ Donors - PRELOD

Section B4: Income Loss Form Guidelines_{v1}

SELF-EMPLOYED CLAIMANTS: If Income Tax, Canada Pension Plan, Employment Insurance (E.I.) Contributions and other payroll deductions are not taken from your employment income, please contact the PRELOD Administrator. Section B4 does not need to be completed for Self-Employed claimants.

Employer Guidelines

You have been asked to complete Section B4 of the Income and Benefit Verification Form to support your Employee's claim to the Program for Reimbursing Expenses of Living Organ Donors (PRELOD) for the loss of income subsidy. The loss of income subsidy is available to Canadian residents who undergo a loss of income due to time taken off from work for the purposes of living organ donation surgery and the immediate post-surgery recovery period. It does not include any time taken off for hospital visits prior to surgery or after return to work after surgery. The loss of income subsidy is only available after all other sources of income are exhausted (i.e. Employment Insurance benefits, sick time, vacation time, disability payments, etc). If at any time you have any questions related to completion of this form or PRELOD, please contact the PRELOD Administrator at PRELOD@giftoflife.on.ca or 416-619-2342/1-888-9-PRELOD.

Post-Surgery Period: This is defined as the time taken off from work for living donation surgery and recovery. For PRELOD purposes the surgery date is considered the beginning of this absence from work.

Box A: **Week 1:** This is defined as the first week of absence from work where REGULAR earned pay was not paid.

Week of: Enter the starting date of the week where the Employee has experienced loss of income, or other sources of income (e.g. vacation pay, disability, etc) have been or will be provided to the employee.

Box B: **Weekly Net Earnings** is defined as the average net pay the applicant would have received if they had been at work. Enter the average net pay for each week of absence, weeks 1 through 8.

If weekly earnings vary, as in the case of hourly paid or commission based employees, please use the average net earnings based on the applicant's last 6 month's income.

Box C: For each week of absence, calculate and enter 55% of the amount in Box B.

Box D: For each week of absence enter the lesser of the amount from Box C or \$400.00.

Boxes E1 to E6: Although regular income has not been paid, an employer may have paid other types of income to the applicant and the maximum subsidy should be reduced by these amounts. For each week of absence enter the net amount paid in the appropriate box for the type of pay, where:

E1 = Vacation Pay.
E2 = Sick Leave Pay.
E3 = Paid Leave of Absence/Sabbatical.
E4 = Disability Benefits.
E5 = Lieu Time.
E6 = Other.

Box F: For each week of absence calculate and enter the total of any other types of income actually paid to the employee from E1 to E6.

Box G: For each week of absence, subtract the total in Box F from the amount in Box D. If the result is a negative, enter zero (0)

Employee Guidelines

Box J: Enter the Employment Insurance (E.I.) benefits you received for each week of your absence from work, matching the corresponding dates in Section A at the top of the page. Copies of your E. I. benefits statements must be provided for each week you received benefits. If you no longer have your statements, please request a benefits summary from E. I. If you send in your *Income Loss Claim Form* before receiving information about your E. I. benefits your application will be kept on hold until such information is provided to PRELOD.

Box K: For each week of your absence from work, subtract the E. I. benefits received from the amount in Box G. If the result is a negative, enter zero (0)

Employee Checklist

1. Has your *Loss of Income Certificate* been completed and signed by your transplant surgeon or coordinator and included with your application?
2. Have you included copies of all your E. I. benefits statements or an E.I. benefits summary with your *Loss of Income Claim Form*?
3. Have you checked that the information entered by your employer on your *Loss of Income Claim Form* is accurate and that the form has been fully completed and signed? It is very important that Employer contact information is provided.

****Please note you may be requested to provide additional supporting documentation in regards to income claims made.**