



LIVING ORGAN DONOR REIMBURSEMENT PROGRAM (LODRP)

INCOME AND BENEFIT VERIFICATION FORM

Section 1: Consent and Authorization (to be completed by the Applicant)

I understand that in making this application to The Kidney Foundation of Canada - Manitoba Branch Living Organ Donor Reimbursement Program, I am required to release the required information to the Foundation.

I consent to the disclosure and subsequent verification of information provided by me on this document. I certify the information set out by me in this document is true and correct to the best of my knowledge and belief. I understand that the personal information provided in this document will be used only for the purpose of establishing my eligibility for financial reimbursement from The Kidney Foundation of Canada – Manitoba Branch. I further understand that The Kidney Foundation of Canada – Manitoba Branch may compile statistical information to report on their financial assistance program or for demographic purposes; no identifying personal information will be used for such reporting purposes.

Applicant Name (please print)

Applicant Signature

For further information regarding how the KFOC manages your personal information, please visit www.kidney.ca or call the Privacy Officer at (204) 989-0808 or 1-800-729-7176.

Sections 2, 3, 4 and 5 are to be completed by your Employer

Section 2: Employer Information

Company Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

This form was completed by: _____ Position: _____

Phone: _____ Email: _____

Section 3: Employment Verification

3.1 How long has the above named employee worked for your company? _____

3.2 What is his/her average weekly NET pay (over the past six months)? _____

3.3 Will this employee qualify for Employment Insurance Sick Benefits? Yes No

Section 4: Benefit Verification

4.1 Is this employee entitled to paid time off while recovering from the living organ donor surgery?

Yes No Partially (please explain) _____

4.2 What salary replacement and benefits are available to this employee during their time off work for living organ donor surgery recovery?

Vacation Time (If available, for how long?) _____

Paid Sick Time (If available, for how long?) _____

Paid Leave of Absence (If available, for how long?) _____

Short-term Disability (If available, what is the waiting period?) _____

What will be the amount of STD payments weekly? _____

Other: _____

None

Section 5: Return to Work

We kindly request that the employer advise The Kidney Foundation of Canada – Manitoba Branch when this employee returns to work by contacting the LODRP Director at the contact numbers listed below.

The information provided above is accurate and includes all potential sources of replacement income provided through the employer while the named employee is recovering from living organ donor surgery.

Name

Position

Signature

Date

Please return the completed form in a confidential envelope or via fax to:

**Manager of Kidney Care Programs
Living Organ Donor Reimbursement Program (LODRP)
The Kidney Foundation of Canada, Manitoba Branch
1 – 452 Dovercourt Drive, Winnipeg, MB R3Y 1G4
Tel: (204) 989-0806 or 1-800-729-7176
Fax: 204-989-0815**