



British Columbia and Yukon Branch  
200 – 4940 Canada Way  
Burnaby, BC V5G 4K6  
604-558-6879  
kidney.ca

## Income and Benefits Verification Form

### Living Organ Donor Expense Reimbursement Program (LODERP)

#### Employment information to be completed by the employer.

Employer/company name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_

How long has the employee worked for your company? \_\_\_\_\_

What is the average weekly net pay (over the last six months)? \_\_\_\_\_

Will this employee qualify for employment insurance sickness benefits? ☐ Yes ☐ No ☐ Uncertain

#### Benefit verification to be completed by the employer.

Is this employee entitled to time off while recovering from organ donor surgery? ☐ Yes ☐ No ☐ Partially (please explain) \_\_\_\_\_

#### What salary or benefits are available to this employee during their recovery? Please check all that apply.

- ☐ Paid sick leave (if yes, for how long) \_\_\_\_\_
- ☐ Paid leave of absence (if yes, for how long) \_\_\_\_\_
- ☐ Short term disability (STD) (if yes, how long is the waiting period?) \_\_\_\_\_
- ☐ How much will the STD payments be per week? \_\_\_\_\_
- ☐ Other (please specify) \_\_\_\_\_

**Please return this form to the employee to sign and submit.**

#### Consent and authorization to be completed by the Living donor.

I, \_\_\_\_\_ the undersigned, agree that when applying to The Kidney Foundation of Canada - BC & Yukon Branch, I must provide necessary information. By signing, I authorize my employer to share this information with the Foundation. I confirm the accuracy and completeness of the details provided. I understand my personal information will be used for determining my eligibility for expense reimbursement and compiling demographic and statistical data. I also acknowledge that no personally identifiable information will be disclosed in any reported demographic or statistical information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Living Donor email the completed form to [loderp.bcy@kidney.ca](mailto:loderp.bcy@kidney.ca) or fax 604-736-9775 or 1-800-667-8871