



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 or fax 604-736-9775 or 1-800-667-8871