



Self-Managed Care (SMC) Monthly Reconciliation Report

You must provide this report on a monthly basis and in a satisfactory manner in order to facilitate the processing of your future care services payment. Your bank statement must be attached.

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Address		City	Province/State
Postal code/Zip code			
Country (if not Canada)	Date of service (yyyy-mm-dd) (i.e., date of submission)		Payee number

Balance as per book

Report for the month of	
	Amount
(A) Cash balance from last month	C\$
(B) WorkSafeBC payment received	C\$
(C) Subtotal = (A) + (B)	C\$
(D) Net wages to employee — Total amount paid to employees during the month (net of employees' payroll and income tax deductions)	C\$
(E) Employment insurance payment — Report both employer and employee portion of EI	C\$
(F) Canada Pension Plan payment — Report both employer and employee portion of CPP	C\$
(G) Income tax withheld	C\$
(H) Other (specify —e.g., bank charges)	
	C\$
	C\$
	C\$
	C\$
	C\$
	C\$
	C\$
	C\$
	C\$
(I) Total cheques = (D) + (E) + (F) + (G) + (H)	C\$
(J) Total cash balance for this month = (C) - (I)	C\$

Balance as per bank statement

Date of bank statement (yyyy-mm-dd)		
		Amount
(a) Balance per bank statement		C\$
Add:		
(b) Deposit in transit (deposits not on statement)		
Date banked (yyyy-mm-dd)	Details	
		C\$
		C\$
Total additions		C\$
Less:		
(c) Outstanding cheques (cheques issued but not debited to bank account)		
Date of cheque (yyyy-mm-dd)	Cheque number	
		C\$
		C\$
		C\$
		C\$
		C\$
		C\$
		C\$
		C\$
		C\$
		C\$
Total deductions		C\$
(d) Adjusted balance per bank = (a) + (b) - (c)		C\$

Report completed by	Date (yyyy-mm-dd)
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How to submit your form

Online is the quickest and easiest method! Complete this fillable form, then visit worksafebc.com/claims-uploader to submit the electronic document to your claim file.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1

For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M-F, 8 a.m. to 6 p.m.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.