



APPLICATION FOR THE WAGE EARNER PROTECTION PROGRAM

MAIL THE COMPLETED FORM TO THE FOLLOWING ADDRESS:

WEPP Processing Centre
P.O. Box 5900
Cornwall, Ontario K6H 6J6

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| Official Use (TO BE COMPLETED BY SERVICE CANADA OFFICIAL) | | Originating RC | |
| PART 1 - APPLICANT INFORMATION | | | (TO BE COMPLETED BY APPLICANT) |
| 1) Social Insurance Number | 2) First Name | 3) Middle Initial | |
| 4) Last Name | | 5) Date of Birth | |
| 6) Street Address | 7) City | 8) Province/territory | 9) Postal code |
| 10) Mailing Address (if different) | 11) City | 12) Province/territory | 13) Postal code |
| 14) Telephone Number () - | | 15) Alternate Telephone Number (if applicable) () - | |
| 16) Official Language you wish to use for Communication? English <input type="checkbox"/> French <input type="checkbox"/> | | | |
| 17) Have you filed a Proof of Claim* with the trustee or receiver appointed in your employer's bankruptcy or receivership? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| * The proof of claim is necessary to process your WEPP application, but is also required should you wish to make a claim against the bankrupt or insolvent employer for wages, vacation pay, severance, termination pay and other employee entitlements that are above and beyond what can be paid under the WEPP. | | | |
| 18) Name of Trustee/Receiver administering your employer's bankruptcy/receivership. | | 19) Trustee/Receiver Telephone Number () - | |
| 20) If you are not applying for a WEPP payment within the 56 day period please provide an explanation for the delay. | | | |
| PART 2 - EMPLOYMENT INFORMATION | | | (TO BE COMPLETED BY APPLICANT) |
| 21) Business name of the bankrupt or insolvent employer | | 22) Former street address of this employer | |
| 23) City | 24) Province/territory | 25) Postal code | |
| 26) Bankruptcy/receivership number (Estate ID) - | | 27) Date employment ended with the employer Year Month Day | |
| 28) Date of your employer's bankruptcy or receivership (if known) Year Month Day (Receivership) Year Month Day (Bankruptcy) | | 29) During the period for which wages are owed, did you have controlling interest in the business? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 30) During the period for which wages are owed, were you an officer or director of the business? Yes <input type="checkbox"/> No <input type="checkbox"/> | 31) During the period for which wages are owed, were you a manager whose responsibilities included making binding financial decisions impacting the business of the former employer; and/or making binding decisions with respect to the payment or the non payment of wages by the former employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
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32) During the period for which wages are owed, were you related to a person with controlling interest in the business, officer, director or manager of the employer, by blood, marriage (including common-law) or adoption?
 Yes No

Applicants who are not at arm's length from those named above generally are not eligible for the WEPP, however, if you wish to prove that you should be eligible in spite of this relationship, please complete WEPP Supplementary Form - Additional Information Regarding Your Relationship To Your Employer EMP 5433 and send it to WEPP Processing Centre P.O. Box 5900, Cornwall, Ontario K6H 6J6

PART 3 - SUBROGATION

SUBROGATION
 I understand that upon my receiving a payment under the WEPP, Her Majesty the Queen in right of Canada is subrogated, pursuant to s. 36 of the *WEPP Act* to any rights that I may have against my former employer or a director of that employer for the unpaid wages that are covered by the WEPP payment that I receive. I understand that my right to recover debts against my former employer, or a director of that employer, is limited to any amount of unpaid wages that I may be owed by my former employer, or a director of that employer, above and beyond the amount of payment I receive under the WEPP. In the event that I receive any amount from my former employer, director of that employer, the Trustee, or any third party for unpaid wages after receiving a payment under the WEPP, I hereby agree to remit to Her Majesty the Queen in right of Canada that amount to the extent of the amount I will have received under the WEPP.

PART 4 - DIRECT DEPOSIT (TO BE COMPLETED BY APPLICANT)

Your WEPP payment can be deposited into your account at your financial institution. Please provide the following information:

- Chequing account: please attach an unsigned personalized cheque. Write the word "Void" on the front of the cheque.
- Savings account: complete the boxes below (you may need to contact your financial institution to get this information)

| | | | |
|--|---------------|--------------------|----------------|
| Name of Financial Institution | Branch number | Institution Number | Account Number |
| () - | | | |
| Telephone number of your Financial Institution | | | |

Note: If you have authorized direct deposit and your bank account information changes or if you move, it is important that you let us know as soon as possible by calling or visiting a Service Canada Centre.

If you do not provide the information requested above a cheque will be mailed to the address you indicated.

PART 5 - DECLARATION (TO BE COMPLETED BY APPLICANT)

I declare that the information provided on this application is complete and true to the best of my knowledge. I understand that this information will be used to determine my eligibility for the WEPP payments. I am aware that this information may be subject to verification and that making a representation that I know to be false or misleading, or making a declaration that I know to be false or misleading because of the non-disclosure of facts is an offence under the *WEPP Act*.

The personal information you provide in this application form, including your Social Insurance Number is collected under the authority of the *WEPP Act* and protected under the *Privacy Act*, *WEPP Act*, and the *Department of Human Resources and Skills Development Act*. You must provide the personal information requested on this form to be considered for a payment under the WEPP.

The personal information you provide will be used by the Department of Human Resources and Skills Development (Service Canada) to administer the WEPP. As part of the administration of the WEPP, the personal information you provide may be used for policy analysis, research, evaluation or audit purposes, for which various sources of information under the custody and control of the Government of Canada may be linked. The personal information you provide will be linked to information provided to the Department of Human Resources and Skills Development (Service Canada) by the bankruptcy trustee/receiver to determine your eligibility for a WEPP payment.

In order to administer the WEPP and as permitted by law, the personal information collected on this form, as well as the amount of the WEPP payment you receive, may be disclosed to the bankruptcy trustee/receiver, other federal government institutions, and the province/territory where you were employed.

The use, retention, and disclosure of personal information collected on this form are described in the Personal Information Bank number HRSDC PPU 035. Under the *Privacy Act*, you have various rights regarding the personal information you provide to Service Canada, including the right to the protection of and access to your personal information. Instructions to access your personal information are outlined in the publication *Info Source*. You can get a copy of *Info Source* at any Service Canada Centre or at <http://infosource.gc.ca>.

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| Signature | Date |
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