



WAGE EARNER PROTECTION PROGRAM (WEPP) SUPPLEMENTARY FORM ADDITIONAL INFORMATION REGARDING YOUR RELATIONSHIP TO YOUR EMPLOYER

Please complete this form if you have answered "Yes" to the question on the WEPP Application Form, which reads "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?"

Mail this form to the following address:

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

PART 1 - APPLICANT INFORMATION

1) Social Insurance Number	2) First name	3) Middle Initial
4) Last name	5) Business name of the bankrupt or insolvent employer.	
6) Were your tasks similar to other employees who performed a similar job in the company? Yes No	7) Were your earnings similar to other employees who performed a similar job in the company? Yes No	
8) Were your total hours and days worked in a week similar to the amount of time worked by employees who performed a similar job in the company? Yes No	9) Did you receive your pay in the same manner and on the same schedule as other employees? Yes No	
10) Did you receive a salary for all duties performed (other than the unpaid wages you are claiming under WEPP?) Yes No	11) Was your employee benefits package (wages, bonuses, etc.) similar to other employees in the company? Yes No	

PART 2 - DECLARATION

I declare that the information provided on this supplemental form is complete and true to the best of my knowledge. I understand that this information will be used to determine my eligibility for the Wage Earner Protection Program 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 *Department of Human Resources and Skills Development Act* and the *Wage Earner Protection Program Act* (WEPP) and protected under the *Privacy Act* and in accordance with Treasury Board's Policy on Privacy and Data Protection regarding the use of the SIN. Participation is voluntary: however, refusal to provide the personal information could result in not being considered for payment under the WEPP.

The personal information you provide will be used by the Department of Human Resources and Social 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 HRSDC may be linked. The personal information you provide may be linked to information provided to the 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>.

Signature

Date

