

WAGE EARNER PROTECTION PROGRAM (WEPP)

Consent to Communicate Information to an Authorized Person

When to complete this form?

Complete this form if you wish to authorize a person to communicate on your behalf with Service Canada about your WEPP claim.

Once the completed form is received by Service Canada the authorized person will be able to communicate with Service Canada on your behalf and obtain some of your confidential WEPP information.

This consent is valid for one year from the date you sign this form or until we receive written cancellation from you.

What is the authorized person not allowed to do?

This consent **does not allow** the authorized person to apply for benefits on your behalf or change your address or banking information.

INSTRUCTIONS:

In order for Service Canada to validate the identity of your representative and prevent unauthorized disclosure of your personal information, your representative must provide us with an original, certified, or notarized copy of one of the following documents:

- A Valid Passport
- A Driver's License
- Government Issued Photo ID

Your representative may:

- (1) Mail original documents to the WEPP Processing Centre. Please note that originals will be immediately returned.
- (2) Visit the Service Canada centre nearest you to present the original documents in-person. Original documents will be copied and certified as true copies of the original. Certified copies are retained by Service Canada.
- (3) Mail notarized copies, by a Notary Public or a Justice of the Peace, to the WEPP Processing Centre. Please note that Service Canada is not responsible for any costs that may be associated with notarization. Notarized documents will not be returned unless specifically requested.

Upon completion of this form please send it, the completed WEPP Application form (if not already submitted) and the required documentation to the address below or visit your nearest Service Canada Centre:

**WEPP Processing Centre
PO Box 5900
Cornwall, ON K6H 6J6**

PART 1 – Consent (for you to complete and sign)

1) Social Insurance Number	2) Name	3) First Name
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With this, I give my consent for Service Canada to communicate information about my Wage Earner Protection Program (WEPP) claim to the authorized person named in Part 2 of this form.

This consent form does not allow the person I authorize in Part 2 to apply for benefits on my behalf, modify my address, my banking information, or any other information on my file. I understand that this consent stays valid for one year from the date I sign this form unless I cancel it in writing.

4) Signature	5) Date
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PART 2 – Person authorized to receive my personal information from Service Canada

6) Name of Authorized person (print full name)	7) Relationship to me	
8) Address (street name and number, P.O. Box, R.R., apartment number)	9) City/Town	10) Province/Territory
11) Postal Code	12) Telephone Number	

PART 3 – Declaration of authorized person

I HEREBY declare that I am acting on behalf of the applicant for the purpose of communicating with Service Canada to give and receive information on behalf of the applicant.

I UNDERSTAND that I cannot apply for benefits on the applicant's behalf, modify their address, their banking information, or any other information on their file.

_____	_____	_____
Printed Name	Signature	Date

Keep a photocopy of this form for reference purposes when contacting WEPP

PROTECTION OF YOUR PERSONAL INFORMATION

Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by the Privacy Act, the Department of Employment and Social Development Act and the Wage Earner Protection Program Act.

To learn more about this form and Service Canada, visit Canada.ca