WAGE EARNER PROTECTION PROGRAM (WEPP)

APPOINTMENT OF REPRESENTATIVE

INSTRUCTIONS

The purpose of this form is to authorize third parties to apply for and receive a Wage Earner Protection Program (WEPP) payment for **deceased or medically incapacitated individuals.**

In order to be authorized as a representative you must provide original documents where requested. For original documents you may:

(1) Mail original documents to the WEPP Processing Center. Please note that originals will be immediately returned to you.

(2) You may visit the Service Canada centre nearest to you to present your 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 you are responsible for any costs that may be associated with notarization. Notarized documents will not be returned unless specifically requested.

All individuals seeking authorization as a third party representative must complete **Parts 1& 2** of the form. In order for Service Canada to validate your identity you must provide us with an original of one of the following documents:

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

When completing the form on behalf of a **deceased applicant**:

- You must also complete Part 3 and provide original documentation which substantiates both the applicant's date of death and your legal authority to apply on their behalf. Acceptable documents must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the deceased and the date of death. Please note: in some instances more than one document may be required to demonstrate death and legal authority.

Where applying on behalf of a **medically incapacitated applicant**:

- You must also complete **Part 4**.
- Where the applicant signs, a witness (other than the representative) must sign the form in the space provided. Where the applicant signs with an X an additional witness is required.
- Where the applicant is unable to sign, you must obtain a physician's signature.

In both instances a WEPP Application Form must be completed and submitted to Service Canada with this form. When completing the application as a representative please keep in mind that:

- Part 1 of the application (Information about the Applicant) refers to the individual on whose behalf you are applying - not you
- You are required to submit the WEPP application and forms by mail or in-person only. Third parties may not apply on-line. To obtain a copy visit the WEPP Website at servicecanada.gc.ca/en/sc/wepp/index.html or the Service Canada Centre nearest you.
- Do not complete Part 4 of the application. If the application for WEPP is approved the payment will be sent by cheque.

Upon completion of this form please send it, the completed WEPP Application Form, and any required documentation to the address below or visit your nearest Service Canada Centre:

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

Where an applicant wishes to appoint a representative to communicate on their behalf for any other reason than those specified above, the *WEPP Individual's Consent to Communicate Information to an Authorized Person (EMP5452)* must be completed and submitted to Service Canada.

PART 1 - INFORMATION ABOUT THE APPLICANT ON WHOSE BEHALF YOU ARE APPLYING

1) Social Insurance Number	2) Last Name	3) First Name

PART 2 - INFORMATION ABOUT YOU (Representative)

4) Last Name	5) Given Names	6) Telephone Number (include area code)

7) Title and Company Name (if applicable)	8) Address (street name and number, P.O. Box, R.R., apartment number)

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9) City/Town	10) Province/Territory	11) Postal Code

12) Official Language to use for Communication? English ☐ French ☐

13) Please indicate why you are applying on behalf of this applicant by placing a check mark in the appropriate box.

☐ Deceased (Complete Part 3) ☐ Medical Incapacity (Complete Part 4)

PART 3 - SECTION A: APPLICATION ON BEHALF OF A DECEASED APPLICANT

14) Date of Birth	15) Place of Birth

16) Indicate why you are applying on behalf of the estate by placing a checkmark in the appropriate box:

☐ Executor ☐ Liquidator of the deceased

☐ Administrator ☐ Estate Trustee

17) Please submit a certified true copy of a document(s) which demonstrates the deceased applicant's date of death and your legal authority to act on behalf of the estate (please check the applicable box (es):

☐ A Death Certificate issued by the Province, Territory or State

☐ Certificate of Death from the director of a funeral home or an administrator of a hospital or clinic

☐ Registration of Death

☐ Statement of Verification of Death from Department of Veterans Affairs.

☐ Letters of Probate

☐ Formal Appointment of Administrator / Executor

☐ Provincial Letters of Administration

The document must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the deceased and the date of death.

PART 3 - SECTION B: DECLARATION OF LEGAL REPRESENTATIVE OF DECEASED APPLICANT

I HEREBY declare that, as the Legal Representative for the Estate of the deceased individual mentioned above, I am the only person entitled by law to administer the property of the said deceased, and I am the legal representative for the purpose of claiming and receiving the Wage Earner Protection Program Payment.

I AGREE to reimburse the Receiver General of Canada in respect of any monies wrongfully paid to me on behalf of the estate of the deceased applicant.

I AFFIRM that the information provided on this form is accurate in all respects knowing it is of the same force and effect as if made under Oath.

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.

Printed Name	Signature	Date

PART 4 - SECTION A: APPOINTMENT OF REPRESENTATIVE DUE TO MEDICAL INCAPACITY

18) AUTHORIZATION (To Be Completed By Applicant Where Possible)

I _____ being at present unable to conduct business on my own behalf by reason of illness, injury, or quarantine, hereby appoint
Name of Applicant

_____ to be my agent and representative for the purpose of claiming and receiving on my behalf, Wage Earner Protection Program Payment to which I may be entitled during the period of my disability.

19) FIRST WITNESS (To be witnessed by a person other than the representative)	20) Date	21) SIGNATURE OF APPLICANT (If applicant is unable to sign a physician's statement is required)

22) SECOND WITNESS (Necessary only if Applicant signs with an 'X')	NOTE: IF IT IS NECESSARY TO CHANGE THE REPRESENTATIVE FOR ANY REASON, THE SERVICE CANADA CENTRE MUST BE NOTIFIED.

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23) STATEMENT BY ATTENDING PHYSICIAN (To be completed where applicant is unable to sign)

I hereby certify that the applicant referred to above is sick, of unsound mind or incapacitated to the extent that he or she is unable to sign or complete this form.

Printed Name	Signature	Date

PART 4 - SECTION B: DECLARATION OF REPRESENTATIVE

I HEREBY declare that the above named applicant is at present unable to conduct business on his or her own behalf due to illness, injury or quarantine, I am authorized to act on behalf of the applicant for the purpose of applying for and receiving the Wage Earner Protection Program Payment.

I am the applicant's _____ and I have known the applicant for _____ years.
(relationship)

I HEREBY declare that, as the Representative for the medically incapacitated individual mentioned above, I am the only person entitled to be the representative for the purpose of claiming and receiving the Wage Earner Protection Program Payment.

I AGREE to reimburse the Receiver General of Canada in respect of any monies wrongfully paid to me on behalf of the medically incapacitated applicant.

I AFFIRM that the information provided on this form is accurate in all respects knowing it is of the same force and effect as if made under Oath.

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.

Printed Name	Signature	Date

DO NOT WRITE BELOW - FOR OFFICE USE ONLY VERIFICATION OF REPRESENTATIVE IDENTITY

All names as recorded on the Proof of Identity Document

Given Names	Family Name	Date of Birth

Proof of Identity Document seen:	☐ Approved ☐ Not Approved Remarks:
Substantiating Document seen:	

Agent Name:	Signature of Agent:
Agent ID Number:	Department:

PROTECTION OF PERSONAL INFORMATION

The information provided in this form is collected and protected under the authorities of the *Privacy Act*, the *Department of Employment and Social Development Act* and the *Wage Earner Protection Program Act* and will be retained in Personal Information bank ESDC PPU 035. Under the *Privacy Act*, individuals have access and correction rights to their personal information. Instructions on how individuals can exercise these rights are outlined in the publication *Info Source*, a copy of which is available at any Service Canada Centre or at infosource.gc.ca.