

WAGE EARNER PROTECTION PROGRAM (WEPP)**REQUEST FOR REVIEW BY MINISTER****FOR OFFICE USE ONLY****Date of receipt of this Request****Social Insurance Number**

Mail the completed form to the following address:
WEPP Processing Centre
P.O. Box 5900
Cornwall, Ontario K6H 6J6

The information you provide on this form will be kept in a Personal Information Bank titled "Wage Earner Protection Program (ESDC/PPU-035)". Instructions for accessing your personal information are given in the *Info Source* publication at www.infosource.gc.ca or at your Service Canada Centre.

1. Name**Street Address****City****Province****Postal Code****Telephone (home)****Telephone (work)****Language preference (choose one):**☐ English☐ French**2. Explain the reason of your request for review. Make sure you attach any additional information you have to support your request for review.**

LATE REQUEST FOR REVIEW: If this Request for Review is being filed more than 30 days after receipt of the Minister's decision, you must show circumstances beyond your control to extend the request for review period. Please provide your reason for delay.

Date you received the decision:

Reason for your delay in filing this request for review:

Declaration Statement for WEPP Application, Request for Review, Notice of Appeal and Applicant Declaration Form

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 or declaration that I know to be false or misleading, due to the non-disclosure of facts, is an offence under the *Wage Earner Protection Program Act*.

The personal information you provide in this form is collected under the authority of the section 8 of the WEPP Act to administer the WEPP, which includes the determination of eligibility and collection of subrogated debt. The Social Insurance Number (SIN) is collected under the authority of section 29 of the WEPP Act and in accordance with Treasury Board Secretariat Directive on the Social Insurance Number, which lists the WEPP. The SIN will be used for the administration of the WEPP, which includes the determination of eligibility and collection of subrogated debt.

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 may be shared with other federal government institutions and the province/territory where you were employed for the administration of WEPP, and/or with nongovernmental third parties for the administration of the WEPP, as well as, for policy analysis, research and/or evaluation purposes. Your personal information may be collected from trustees and receivers, who are required to provide information regarding individuals who are owed eligible wages, in accordance with section 21 of the WEPP Act, for the purpose of determining eligibility to receive payments and to collect subrogated debt under the WEPP.

Your personal information is administered in accordance with the WEPP Act, the Privacy Act, Department of Employment and Social Development Act (DESDA) and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank(s) ESDC Wage Earner Protection Program PPU 035. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: www.infosource.gc.ca

Info Source may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: https://www.priv.gc.ca/faqs/index_e.asp#q005

Signature ►

Date ►