

WAGE EARNER PROTECTION PROGRAM (WEPP) INTENTION OF PAYMENT TO POTENTIAL WEPP APPLICANT

INSTRUCTIONS

Please complete this form if you intend to make a payment to an individual for unpaid wages, and that individual may have received a WEPP payment.

Service Canada will advise if there is subrogated debt and provide further information including: the types of payment within the subrogated debt, the eligibility period related to the subrogated debt and the subrogated amounts to be paid to the Government of Canada. You must then determine if the payment(s) you intend to make is/are related to the subrogated debt. You must advise Service Canada of your decision using the letter provided to you. You must also complete a remittance form, which will be provided to you to repay any subrogated amounts.

Please mail this completed form to:

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

Should you have any questions or concerns about this form, please contact Service Canada at 1 866 683 6516 (TTY: 1-800-926-9105). For additional information about the WEPP, please visit the web site at: <https://www.canada.ca/en/employment-social-development/services/wage-earner-protection.html>

PART 1 – PAYER INFORMATION

1) Name or Organization		2) Street Address		3) City	
4) Province/Territory	5) Postal Code	7) Name of the Contact Person		8) Telephone Number	
9) Communication preferred in: ☐ English ☐ French					

PART 2 – BUSINESS BANKRUPTCY/INSOLVENCY INFORMATION

10) Employer Name		11) Legal Name		12) Street Address	
13) City		14) Province/Territory	15) Postal Code	16) Employer's Canada Revenue Agency Business Number (If Available)	
17) Date of Employer's Bankruptcy (If Applicable)		18) Date of Employer's Receivership (If Applicable)		19) Estate ID (Receivership/Bankruptcy Number) (If Available)	

PART 3 – DECLARATION

The information you provide in this form is collected under the authority of the section 36.1 of the WEPP Act to administer the WEPP which includes determination of eligibility and collection of subrogated debt. The Social Insurance Number (SIN) is collected under the authority of the section 29 of the WEPP Act and in accordance with Treasury Board Secretariat Directive on the Social Insurance Number. The SIN will be used for the administration of the WEPP, which includes determination of eligibility and collection of subrogated debt.

The failure to provide personal information may impede Service Canada in determining whether a subrogated debt exists in respect of an individual, and could result in an individual receiving a payment to which they were not entitled, leading to the creation of an overpayment, and the commencement of recovery activities against that individual, under the authority of section 32 of the WEPP Act. You must ensure that the personal information you provide regarding the individuals who are owed eligible wages is as accurate, up-to-date and complete as possible.

The information you provide may be shared with other federal government institutions and the province/territory where the applicant was 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.

The personal information collected on this form will be administered in accordance with the WEPP Act, the Privacy Act, Department of Employment and Social Development Act (DESDA) and other applicable laws. The individual has the right to the protection of, access to and correction of their personal information, which is described in Personal Information Bank number ESDC Wage Earner Protection Program PPU 035. Under the Privacy Act, individuals have access and correction rights to their personal information. 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.

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

Signature

Date

PART 4 – PAYMENT OR INTENTION OF PAYMENT INFORMATION

21) Please provide the Social Insurance Number (SIN) and name of all individuals that may have potentially received a WEPP payment

[illegible]