



Compassionate Care Benefits - Annex 5

The information collected on this form is used for the provision of compassionate care benefits pursuant to the *Employment Insurance Act*. Under the *Privacy Act*, individuals have the right to the protection of and access to their personal information. Information will be retained for 6 years after the last administrative action, as described in Personal Information Bank, PPU 150. Instructions for obtaining this information are outlined in the government publication entitled "[Info Source](http://canada.ca/infosource-ESDC)", which is available at the following address: <http://canada.ca/infosource-ESDC>. Info Source may also be accessed online at any Service Canada Centre.

The information you provide is collected under the authority of the *Employment Insurance Act* to determine your eligibility for benefits. **Completion is mandatory; failure to complete this form will result in not being entitled to Compassionate Care Benefits.** The information you provide may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked.

The information you provide may be shared with other family members who claim Employment Insurance (EI) Compassionate Care Benefits.

Claimant Information

Family Name	Given Name	Initials	Social Insurance Number (999 999 999)
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SECTION 1 - ILL FAMILY MEMBER INFORMATION

Family Name	All Given Names (underline name most commonly used)	Date of Birth (YYYY-MM-DD)
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Address (Residential Address)		
Apt. No.	Number and Street, Concession, Other	City or Town

Province/Territory/State	Country	Postal code if in Canada (A1A 1A1)
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SECTION 2 - CLAIMANT'S RELATIONSHIP TO ILL FAMILY MEMBER

The person requiring care or support is my:

<input type="radio"/> Spouse or common-law partner	<input type="radio"/> Grandparent, their spouse or common-law partner	<input type="radio"/> Nephew, niece of spouse or common-law partner
<input type="radio"/> Child, their spouse or common-law partner	<input type="radio"/> Grandparent of spouse or common-law partner	<input type="radio"/> Current or former foster parent
<input type="radio"/> Child of spouse or common-law partner, their spouse or common-law partner	<input type="radio"/> Grandchild, their spouse or common-law partner	<input type="radio"/> Current or former foster parent of spouse or common-law partner
<input type="radio"/> Parent, their spouse or common-law partner	<input type="radio"/> Grandchild of spouse or common-law partner	<input type="radio"/> Current or former foster child, their spouse or common-law partner
<input type="radio"/> Parent of spouse or common-law partner, their spouse or common-law partner	<input type="radio"/> Uncle, aunt, their spouse or common-law partner	<input type="radio"/> Current or former ward
<input type="radio"/> Sibling, step-sibling, their spouse or common-law partner	<input type="radio"/> Uncle, aunt of spouse or common-law partner	<input type="radio"/> Current or former ward of spouse or common-law partner
<input type="radio"/> Sibling, step-sibling of spouse or common-law partner	<input type="radio"/> Nephew, niece, their spouse or common-law partner	<input type="radio"/> Current or former guardian, their spouse or common-law partner
<input type="radio"/> A person who is considered to be like a close relative, whether or not related by marriage, common-law partnership, or any legal parent-child relationship		

SECTION 3 - DURATION OF BENEFIT

You may claim up to 26 weeks of Compassionate Care Benefits or share these 26 weeks with another family member.

A- I will be providing care or support to the ill family member.

I wish to claim _____ week(s).

I am requesting compassionate care benefits from the week starting on (YYYY-MM-DD) _____

B- Will other family member(s) apply for these benefits?

Yes No Unknown

SECTION 4 - WAITING PERIOD DEFERRAL

If more than one family member files a claim for Compassionate Care Benefits for the same ill family member, it may be possible (if you are not the first person to apply) to have the waiting period deferred until another type of benefits is claimed.

Do you wish to have your waiting period deferred? Yes No

SECTION 5 - MEDICAL PROOF REQUIRED

A medical certificate titled "Medical Certificate for Employment Insurance Compassionate Care Benefits" must be submitted as proof that a family member has a serious medical condition with a significant risk of death.

However, only one medical certificate is required per ill family member in a 52 week period.

A. Has a medical certificate already been submitted by another family member? Yes No Don't know

B. If no, will you be submitting a certificate? Yes No (If no, please explain why).

Note: If a [medical certificate](#) has not been submitted, the certificate can be obtained on our Internet site www.canada.ca and enter "INS5217" in the search field or at your nearest Service Canada Centre.

SECTION 6 - CLAIMANT'S REPORT EXEMPTION

Note: If you are applying for Self-Employed benefits, skip section 6 and go directly to the "claimant's declaration" section.

The Exemption from Completing Claimant's Report Program allows your local office to process your Claimant's Report without having you complete and sign the cards.

- I understand that by indicating that I wish to take part, I am making a claim for benefit covering every week of the period requested in section 3 for which I am eligible.
- I accept that I will not be required to complete Claimant's Reports for this period. I also agree to inform my Service Canada Centre immediately if, while I am collecting benefits:
 - I work,
 - I receive money,
 - I travel outside of Canada,
 - I become self-employed,
 - I start a training course or apprenticeship program,
 - I stop providing care for my family member, or
 - any other situation arises that may affect my EI benefits.

I also agree to inform the Service Canada Centre, after the last Compassionate Care Benefit payment, that I declared all situations and income that could reduce or eliminate my benefits. I may be subject to penalties or prosecution if I knowingly make false representations or fail to notify Employment and Social Development Canada (ESDC) of any new information.

I agree to the above terms and conditions and wish to participate in the Exemption from Completing Claimant's Report Program.

SECTION 7 - CLAIMANT'S DECLARATION

You should be aware that the information you provide may be subject to verification. If you knowingly hold back information or change the facts to make a false or misleading representation, you have committed an act or omission that could result in an overpayment of benefits and for which severe penalties could be imposed.

I declare that the information and answers given by me to the questions on this Annex are true to the best of my knowledge.

Signature

Date (YYYY-MM-DD)