

Client Identification

Client Name	SIN	Date of Birth (yyyy / mm / dd)
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Client Authorization to Release E.I. Claim Information

I hereby authorize Service Canada to release information regarding my Employment Insurance history to:

Name of Individual and/or Organization receiving the information	
Phone Number	Fax Number

in order to determine my eligibility for Employment Benefits or Programs. This authorization will remain in effect until _____ or until I provide Service Canada with written instruction to cancel this authorization.
(yyyy / mm / dd)

Client Signature	Date (yyyy / mm / dd)
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Current Employment Insurance Information (To be completed by Service Canada Agent)

Client Status (select those which are applicable)

1) No Claim History (Client has no previous E.I. claim)

2) Application for E.I. benefits is being assessed

Application Date Assess Completion Claim Type

3) E.I. Application did not establish a Benefit Period

4) Current E.I. Benefit period established

Benefit Period Commenced (BPC)	<input type="text"/>	Benefit Period End date	<input type="text"/>
Claim Type	<input type="text"/>	Gross Weekly Benefit Rate (\$)	<input type="text"/>
		Weeks of Entitlement	<input type="text"/>

5) Previous E.I. benefit period

Benefit Period Commenced (BPC)	<input type="text"/>	Benefit Period End date	<input type="text"/>
Payment received	Yes <input type="checkbox"/> No <input type="checkbox"/>	Claim Type	<input type="text"/>

This information is correct as of the date signed below

Service Canada Officer Signature	Date
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For the purposes of section 25 of the EI act, as an authority designated by the Commission under Aboriginal Human Resource Development Agreements (AHRDAs), the above named participant is hereby referred to the employment activity described below:

Type of Activity:	Training	<input type="checkbox"/>	Self Employment	<input type="checkbox"/>
	Wage Subsidy	<input type="checkbox"/>	Job Creation Partnership	<input type="checkbox"/>

Title of Intervention:

Start Date	<input type="text"/>	End Date	<input type="text"/>
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Name and Position of Authorizing Officer

Signature	Date
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