

APPLICATION GUIDE FOR THE WAGE EARNER PROTECTION PROGRAM

WHAT IS THE WAGE EARNER PROTECTION PROGRAM (WEPP)

The WEPP is a Government of Canada program that provides payment to eligible individuals for wages owed to them by employers who are bankrupt or subject to a receivership.

HOW TO APPLY

You must submit a Proof of Claim to the trustee/receiver in order to receive a WEPP payment. Contact your trustee/receiver for information on how to complete a Proof of Claim.

Complete this paper application or the online version available at: www.canada.ca/en/employment-social-development/services/wage-earner-protection/employee/apply.html.

HOW TO APPLY ON BEHALF OF SOMEONE WHO IS MEDICALLY INCAPACITATED OR DECEASED

Required forms are available at: www.canada.ca/en/employment-social-development/services/wage-earner-protection/employee/apply.html or by calling our dedicated WEPP information service at Toll-Free: 1 866 683-6516, TTY: 1 800 926-9105

REFERENCE GUIDE

Question	Explanation
(7)	Other Given Name (Optional) This optional section is to be used if the given name that is on your SIN card/letter is different from the name commonly used at work. Ex: Robert to Bob
(8)	Last Name (if different from above) If your last name on your SIN card/letter is different from the last name used at work, enter it in this section – EX: at work you use your married name, however your maiden name is used on the SIN card/letter.
(26)	Bankruptcy/Receivership Number (Estate ID) This number can be found in the information package provided by the trustee/receiver and appears in the following format (xx-xxxxxx) i.e. 2 digits followed by 6 to 7 digits.

**APPLICATION FOR THE WAGE EARNER PROTECTION PROGRAM**

MAIL THE COMPLETED FORM TO THE FOLLOWING ADDRESS:

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

Note: You can submit your application online instead of completing and mailing this paper application. Go to <https://www.canada.ca/en/employment-social-development/services/wage-earner-protection/employee/apply.html>. If you have already applied for a WEPP payment and would like to change or add to the information in your application, please call 1-866-683-6516.

PART 1 – APPLICANT INFORMATION

(1) Please select the option that describes your situation.

☐ I am the applicant☐ I am applying on behalf of a deceased or medically incapacitated applicant (see attached application guide for more information)

(2) Social Insurance Number

(3) Date of Birth

(4) Preferred Language of Communication

☐ English☐ French

(5) First Name (as per your SIN card/letter)

(6) Last Name (as per your SIN card/letter)

(7) Other Given Name (optional)

(8) Last Name (if different from above)

(9) Street Address

(10) City

(11) Province/territory

(12) Postal Code

(13) Mailing Address (if different)

(14) City

(15) Province/territory

(16) Postal Code

(17) Telephone Number

(18) Alternate Telephone Number (if applicable)

PART 2 - EMPLOYMENT INFORMATION

(19) Corporate Name of Trustee/Receiver administering your employer's bankruptcy/receivership.

Grant Thornton Limited

(20) Trustee/Receiver Telephone Number

416-607-4577

Proof of Claim:

The Proof of Claim must be sent directly to the trustee/receiver appointed to the bankruptcy/receivership. The Proof of Claim confirmation from the trustee/receiver is one of requirements for a payment from the Wage Earner Protection Program.

PART 3 - EMPLOYMENT INFORMATION

(21) Business name of the bankrupt or insolvent employer

Canada Fluorspar Inc.

(22) Former street address of this employer

1 Clarke's Pond Road

(23) City

Saint Lawrence

(24) Province/territory

NF

(25) Postal Code

A0E 2V0

(26) Bankruptcy/Receivership Number (Estate ID).

00 - 00548

(27) Date of employer's bankruptcy/receivership

2022-03-11

YYY/MM/DD

(28) Provide an explanation if you are not applying within 56 days based on the latest of the following dates:

- the date of the bankruptcy/receivership;
- the date that your employment ended due to termination, resignation, retirement or expiry of term; or
- the date on which the receiver terminated your employment.

(29) During the period for which wages are owed, were you related to a person with controlling interest in the business, officer, director or manager of the employer, by blood, marriage (including common-law) or adoption?

☐ Yes ☐ No (If No, skip to **Part 4**)

If yes, the person with whom I had a relationship with is:

- ☐ my father, mother, grandparent or great-grandparent (including adoptive, step and in-law)
- ☐ my brother or sister (including step and in-law)
- ☐ my son, daughter, grandchild or great-grandchild (including adoptive, step and in-law)
- ☐ my spouse (including common-law)
- ☐ my aunt, uncle, niece, nephew or cousin

(30) Were your tasks similar to those of other employees who performed a similar job?

☐ Yes ☐ No

(31) Were your total hours and days worked in a week similar to those of other employees who performed a similar job?

☐ Yes ☐ No

(32) Were your earnings and employee benefits package (wages, bonuses, etc.) similar to those of other employees who performed a similar job?

☐ Yes ☐ No

(33) Did you receive your pay in the same manner and on the same schedule as other employees?

☐ Yes ☐ No

(34) Did you receive a salary for all duties performed (other than the unpaid wages you are claiming under WEPP)?

☐ Yes ☐ No

(35) Did you personally invest money or lend money to the company employing you?

☐ Yes ☐ No

(36) Has the Canada Revenue Agency already made an arm's length determination regarding the relationship between you and your employer?

☐ Yes ☐ No

PART 4 - SUBROGATION

SUBROGATION

I understand that upon my receiving a payment under the WEPP, Her Majesty the Queen in right of Canada is subrogated, pursuant to s. 36 of the *Wage Earner Protection Program Act* to any rights that I may have against my former employer or a director of that employer for the unpaid wages that are covered by the WEPP payment that I receive. I understand that my right to recover debts against my former employer, or a director of that employer, is limited to any amount of unpaid wages that I may be owed by my former employer, or a director of that employer, above and beyond the amount of payment I receive under the WEPP. In the event that I receive any amount from my former employer, director of that employer, the Trustee, or any third party for unpaid wages after receiving a payment under the WEPP, I hereby agree to remit to Her Majesty the Queen in right of Canada, that amount to the extent of the amount I will have received under the WEPP.

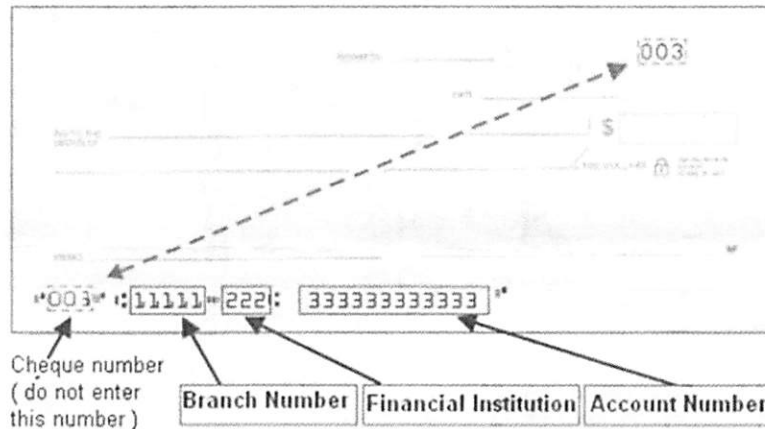
Under the WEPP program, the Government of Canada will pay a portion of the individual's unpaid wages and in turn will take the employee's place as a creditor for that debt.

PART 5- DIRECT DEPOSIT

Your WEPP payment can be deposited into your account at your Canadian financial institution. You will need to provide the following:

- the name of your financial institution,
- the branch number,
- the financial institution, and
- your account number

You can find these numbers in your passbook, on your bank statement, encoded deposit slip or cheque, or by contacting your financial institution in Canada.



Note: If you have authorized direct deposit and your bank account information changes or if you move, it is important that you let us know as soon as possible by calling or visiting a Service Canada Centre.

If you do not provide the information requested below, a cheque will be mailed to the address you indicated on this Application form.

Your WEPP payment will be deposited into your account at your financial institution if you are found eligible. Please provide the following information:

Name of Financial Institution

Branch Number

Financial Institution

Account Number

PART 6 - DECLARATION

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 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 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 the 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 *Wage Earner Protection Program 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: <https://www.canada.ca/en/employment-social-development/corporate/transparency/access-information/reports/infosource.html>. 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 _____