Claim Form for Compensation for Damages for Severe Impacts and Other Demonstrable Cases Caused by the Phoenix Pay System

Purpose

This form is for current and former employees filing a claim under the Phoenix Damages Agreement (Agreement) for compensation for severe impacts attributed to issues with the Phoenix pay system. Former employees are eligible only if they were employed either on an indeterminate basis or for a term of more than 3 months between April 1, 2016, and March 31, 2020, in a position represented by one of the bargaining agents who have signed on to either the 2019 Phoenix Damages Agreement[1] or the 2020 Phoenix Damages Agreement[2].

Severe impacts could include:

- financial costs or lost investment income due to delays in pay attributed to Phoenix;
- leave taken because of health issues related to Phoenix; or
- severe damages and personal hardship because of Phoenix issues.

Claims on behalf of the estate of a deceased employee or of a former or current employee who is not capable of making a claim themselves may be filed by a legal representative. Documentation verifying eligibility to act on a claimant's behalf must be provided.

This claim form is for the purposes of applying for damages under the Agreement and is governed by the Agreement's terms and conditions. It is not intended to amend or modify the Agreement. In case of a discrepancy between the claim form and the Agreement, the terms and conditions of the Agreement will prevail.

Important information for claimants

- In order to be eligible to file a claim, you must have incurred damages **between April 1, 2016 and March 31, 2020** as a result of your Phoenix pay issues.
- Claimants may submit a claim for compensation under more than one category of damages. Please read each section carefully and complete all sections of this form that apply to your situation. To further ensure your understanding of each category of damages, please **review and familiarize yourself with the Agreement before starting to file your claim**.
- **A one-time threshold of $1,500 applies with respect to some of these categories,** meaning the amount of damages must be greater than $1,500 for a claim to be considered. Threshold will be applied once the claim is assessed and resulting damages are calculated. If the claim does not meet the threshold, the calculation will be explained to the claimant. For more information please see the Agreement.
- Where damage compensation is based on salary, claim payments will be calculated using the last rate of pay shown in the Phoenix pay system at the time your claim is processed. Therefore, if you have any outstanding pay increases that are owed to you, **you may wish to wait until the increases have been processed in Phoenix and paid out before submitting your claim.**

---

[1] 2019 Agreement of the Damages Caused by the Phoenix Pay System (https://www.canada.ca/en/treasury-board-secretariat/topics/pay/phoenix-pay-system/damages-caused-phoenix-pay-system.html)

[2] 2020 Agreement of the Damages Caused by the Phoenix Pay System (https://www.canada.ca/en/treasury-board-secretariat/topics/pay/phoenix-pay-system/phoenix-pay-system-damages-agreement-2020.html)

Helpful information for completing this form

- Claimants are responsible for obtaining any required information, including information from health professionals, and providing it to the assessor.
- To avoid unnecessary delays and increased paperwork, please ensure all supporting documentation is submitted with your claim form. Please only include information and documents that are relevant to your claim.
- An assessor may contact you for clarification or verification of information you provide.
- Personal attestations will be subject to further verification as required.

Privacy notice statement

The personal information requested in this form is collected under the authority of the *Financial Administration Act*. The information submitted via this form will be combined with pay information in a database of pay information held within the Treasury Board of Canada Secretariat (TBS) in order to:

- determine eligibility
- assess your payment amount in accordance with the Damages Agreement

Refusal to provide the requested personal information will result in TBS not being able to process the claim. The information you provide will be validated against a database of pay information held within TBS in order to:

- confirm eligibility
- calculate recommended payments based on claim information

If your claim is accepted and a payment is issued to you, your Social Insurance Number (SIN) will be obtained from the Public Services and Procurement Canada (PSPC) database of pay information in order to issue you a T4 and/or RL-1 tax slip and will be shared with Canada Revenue Agency and/or Revenu Québec for income tax purposes. The personal information you provide is being collected by the TBS Claims Office and may be shared with PSPC and the last federal organization of employment for that organization to issue payment. Personal information will be protected, used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank TBS PCE 742 (Claims and Compensation for damages related to the Phoenix Pay System) and in Personal Information Bank PSU 931 (Accounts Payable). Your information may also be used or disclosed for financial reporting and program evaluation. Under the *Privacy Act*, individuals have a right to access and correct their personal information. If you wish to avail yourself of these rights or require clarification about this Privacy Notice Statement, please contact your organization's Privacy Coordinator; list found here https://www.tbs-sct.canada.ca/ap/atip-aiprp/coord-eng.asp. If you are not satisfied with the response to your privacy concern, you may wish to communicate with the Office of the Privacy Commissioner by telephone at 1-800-282-1376 or through their website https://www.priv.gc.ca/en/.

☐ **I certify that I have read this privacy notice statement**

☐ **I consent to the disclosure of my personal information to the entities listed above for the purposes of processing my claim**

Note that an asterisk (*****) denotes a mandatory field

Section 1: Claimant information

For administrative use only

Claim No:

You are:

- ○ A current employee making a claim
- ○ A former employee making a claim
- ○ A legal representative making a claim on behalf of a claimant (documentation verifying eligibility to act on a claimant's behalf must be provided)

This is:

- ○ A new claim
- ○ An update to an existing claim.

Claim number:

*Personal Record Identifier (PRI)	*Surname	*Given name
*Date of Birth (yyyy-mm-dd)	*Address (street number and name, unit number)	*City, province/territory, postal code
*Telephone number	Email address (**Note**: if no email is provided, correspondence will take place by mail/courier, which could result in delays)	*Current or last organization
Branch, division or section of current or last organization	Current or last occupational group and bargaining agent (union):	

Section 1: Claimant information

Have you previously filed any claim for financial losses, lost investment income, or out-of-pocket expenses?

Note: any previous claim for financial costs or lost investment income will be included in the calculation of the threshold for this claim.

◯ Yes ◯ No

If yes, please provide the claim number or enter "unknown" if you do not remember it.

Have you filed a grievance for damages due to the Phoenix pay system or regarding claims for expenses and financial losses due to Phoenix?

◯ Yes ◯ No

If yes, please provide the grievance reference number or enter "unknown" if you do not remember it.

Section 2: Type of Claim

Please select all areas of compensation for which you are submitting a claim and complete the relevant annex(es) as indicated

☐ You incurred costs or lost investment income as a result of issues attributed to the Phoenix pay system **for which you have not already submitted a claim**

Note: If you previously submitted a claim for costs or lost investment income **do not** resubmit here. Questions on previously submitted claims should be directed to your current/last organization.

The threshold of $1,500 **applies** to these claims.

Complete Annex A: Compensation for financial costs and lost investment income[3]

☐ You used paid or unpaid leave due to illness stemming from issues with your pay attributed to the Phoenix pay system

The threshold of $1,500 **does not apply** to these claims.

Complete Annex B: Compensation or re-crediting for leave taken[4]

[3] Annex A: Compensation for financial costs and lost investment income https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58a-eng.pdf

[4] Annex B: Compensation or re-crediting for leave taken https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58b-eng.pdf

Section 2: Type of Claim

☐ You began disability, maternity or parental leave between February 1st, 2016 and March 31, 2020 and experienced pay issues attributed to the Phoenix pay system, and did not have access or were denied access to an emergency salary advance or priority payment

The threshold of $1,500 **does not apply** to these claims.

Complete Annex C: Compensation for individuals on maternity, parental or disability leave who did not have access to or were denied an emergency salary advance or priority payment[5]

☐ You believe you were discriminated against based on grounds protected from discrimination under the *Canadian Human Rights Act* as a result of your Phoenix pay issues

The threshold of $1,500 **applies** to these claims.

Complete Annex D: Discriminatory practice[6]

☐ You suffered consequences related to lost occupational capacity when you temporarily or permanently vacated your substantive position **or** when you temporarily or permanently vacated your substantive position and were placed in an alternate position, as a result of issues directly attributable, in whole or in part, to your Phoenix pay issues.

The term “in whole or in part” means that Phoenix was the sole direct cause or it was a direct and significant cause.

The threshold of $1,500 **applies** to these claims.

Complete Annex E: Lost occupational capacity[7]

☐ You suffered consequences related to the loss of your security clearance as a result of issues that were directly attributable, in whole or in part, to your Phoenix pay issues

The term “in whole or in part” means that Phoenix was the sole direct cause or it was a direct and significant cause.

The threshold of $1,500 **applies** to these claims.

Complete Annex F: Lost security clearance[8]

☐ You suffered consequences related to a bankruptcy as a result of issues directly attributable, in whole or in part, to your Phoenix pay issues

The term “in whole or in part” means that Phoenix was the sole direct cause or it was a direct and significant cause.

The threshold of $1,500 **applies** to these claims.

Complete Annex G: Bankruptcy[9]

---

[5] Annex C: Compensation for individuals on maternity, parental or disability leave who did not have access to or were denied an emergency salary advance or priority payment https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58c-eng.pdf

[6] Annex D: Discriminatory practice https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58d-eng.pdf

[7] Annex E: Lost occupational capacity https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58e-eng.pdf

[8] Annex F: Lost security clearance https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58f-eng.pdf

[9] Annex G: Bankruptcy https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58g-eng.pdf

Section 2: Type of Claim

☐ You suffered consequences of a significant credit rating impact as a result of issues directly attributable, in whole or in part, to your Phoenix pay issues

The term “in whole or in part” means that Phoenix was the sole direct cause or it was a direct and significant cause.

The threshold of $1,500 **applies** to these claims.

Complete Annex H: Significant credit rating impact[10]

☐ You resigned from the public service because of financial hardship resulting from a loss of income due to issues attributable to the Phoenix pay system

The threshold of 1,500 **applies** to these claims.

Complete Annex I: Resignation from the public service[11]

☐ You suffered mental anguish or trauma caused in whole or in part by pay issues attributed to the Phoenix pay system, which interfered with your ability, to a profound degree, to lead a normal life

The threshold of 1,500 **applies** to these claims.

Complete Annex J: Mental anguish[12]

☐ You experienced personal and financial hardships similar to but other than those previously listed, which resulted in comparable personal hardship or impact as a result of issues directly attributable to the Phoenix pay system

The threshold of $1,500 **applies** to these claims.

Complete Annex K: Other[13]

[10] Annex H: Significant credit rating impact https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58h-eng.pdf

[11] Annex I: Resignation from the public service https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58i-eng.pdf

[12] Annex J: Mental anguish https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58j-eng.pdf

[13] Annex K: Other https://www.canada.ca/content/dam/tbs-sct/forms-formulaires/340-58k-eng.pdf

Certification of claim

- I certify that the statements provided in this form and annexes are true and complete.
- I understand that a one-time $1,500 threshold applies to certain claims filed under the Phoenix Damages Agreement.
- I certify that the items claimed in this form and annexes have not been claimed for compensation from the Government of Canada previously by me, another person on my behalf, or another person who is also a federal public servant.
- I acknowledge that if I, another person on my behalf, or another person who is also a federal public servant, has previously received compensation respecting the same pay issues or damages reported on this form, part or all of that compensation may be deducted from the present claim.

Suspected fraudulent claims may be referred to the appropriate authorities within your organization, including its Departmental Security Officer and/or its Chief Financial Officer, for further examination in accordance with pertinent legislation.

Date	Claimant's signature	Telephone number