



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

(Paragraph 21 g) of the [Agreement¹](#)

Definition

Claims for employees who went on maternity, parental, or disability leave between February 1, 2016 and March 31, 2020, who experienced pay issues related to their leave and did not have access to or were denied an emergency salary advance or priority payment.

Note: For information on eligibility for emergency salary advance and priority payment please see Section A.3.17.7 of the [Directive on Terms and Conditions of Employment²](#).

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

Supporting documentation

Please only include information and documents that are relevant to your claim. The following must be submitted with this claim form, as applicable:

- pay stubs and documents (forms, letters etc.) related to the application process for employment insurance and disability insurance
- documented evidence of your request for emergency salary advance or priority payment, and documented evidence of being denied emergency salary advance or priority payment

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

¹ 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 [Directive on Terms and Conditions of Employment, https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=15772#sec3](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=15772#sec3)

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 the TBS Access to Information and Privacy Coordinator by email at atip.aiprp@tbs-sct.gc.ca. 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 by email at info@priv.gc.ca.

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

To be completed by the claimant

If you have an existing claim for Severe Impacts and Other Demonstrable Cases Caused by the Phoenix Pay System, ensure your claim number is added to each annex and each supporting document that you include in this submission.

Claim number:

1. Did you experience issues due to the employer (i.e. delays in receiving information from the employer or incorrect record of employment) when applying for disability insurance or employment insurance for one of the following leaves: disability, maternity or parental?

Yes No

2. On what date did you start your leave (yyyy-mm-dd)?

3. Did you request an emergency salary advance or priority payment for the period between the date your pay ceased and the date you received employment insurance or disability insurance?

Yes No

If no, please provide an explanation.

If yes,

Did you receive an emergency salary advance or priority payment for the period between the date your pay ceased and the date you received employment insurance or disability insurance?

Yes No

If no, please provide a detailed chronology of events including dates.

4. Did you incur expenses directly associated with the lack of access to or denial of an emergency salary advance or priority payment (i.e. fees for professional services, financial penalty charges, etc.)?

Yes No

If yes, please complete the following table. Please ensure supporting documentation is provided.

Date (yyyy-mm-dd)	Amount paid	Description of expense or fee

Reminder: Claimants may submit a claim for compensation under more than one category of damages. Please complete all annexes of this form that apply to your situation.