



Annex H: Significant credit rating impact

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

Definition

Claims with respect to the consequences of a significant credit rating impact as a result of issues directly attributable, in whole or in part, to the employee's Phoenix pay problems.

The term "in whole or in part" means that Phoenix was the sole direct cause or it was one of the direct and significant causes.

The threshold of \$1,500 **applies** 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:

- documented evidence that pay issues caused the change to your credit rating
- documents from a financial institution showing your monthly credit rating for the 24 months prior to your pay issue(s) and for the 24 months following
- record(s) of communication as to what, if any, protection was provided by your financial institution relating your credit rating
- documents showing this credit rating impact on your borrowing rate of interest (chronology of events, dates, interest rate(s))
- documents providing evidence as to the financial impact of this change

Note: if you were charged fees for the preparation of your credit rating analysis, please include evidence of payment in your claim documentation. If the institution imposes a charge to prepare the rating analysis and your claim is accepted by the Claims Office, the charge imposed by the institution to prepare the analysis will be reimbursed.

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>

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 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. Please complete the following table to provide a chronology of events with dates in relation to your pay issues. Please provide a detailed explanation of the impacts on your credit rating and the actions taken to mitigate those impacts. Please ensure supporting documentation is provided.

Date (yyyy-mm-dd)	Pay issue	Impact on credit rating	Mitigating actions taken

2. Did you incur expenses directly associated with changes to your credit rating (i.e. accounting costs, fees to request credit rating assessments, financial penalty costs, 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.