



## Annex J: Mental anguish

(Paragraph 21 k) of the [Agreement<sup>1</sup>](#))

### Definition

Claims in respect of mental anguish or trauma\*, which interfered with the ability of the employee, to a **profound degree**, to lead a normal life; caused in whole or in part by the Phoenix pay system.

\*To demonstrate mental anguish or trauma the employee must show that they suffered a prolonged and serious disturbance that goes beyond the normal distress, annoyance, and anxiety suffered in the circumstances.

Examples of mental anguish or trauma: the employee developed a severe and lasting mental illness such as a depression which had a substantial impact on their ability to work and/or on their personal life, attempted suicide, was hospitalized for an extended period, took medical retirement, became homeless.

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:

- documentation showing a chronology of events, with dates, that led to your mental anguish or trauma which demonstrate how your pay issues related to the Phoenix Pay System interfered to a profound degree with your ability to lead a normal life.
- evidence of your mental anguish (i.e. a diagnostic from a health care professional is required for a mental illness or mental health disorder, medical certificates). Documentation may also include emails to manager, personal attestation, sick leave records and any other applicable documents).

### 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

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<sup>1</sup> 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>

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](mailto: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](mailto: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**

### **Mental health resources and supports**

We recognize that recounting your Phoenix experiences and the impact it has had on you during this claims process can be difficult and could trigger mental anguish or trauma. A number of resources are available to support you through this process. They include:

- [Employee Assistance Program](#)
- [Mental health support: get help](#)
- [Mental health and COVID-19 for public servants: Protect your mental health](#)
- [Wellness Together Canada](#) (Mental health and substance use supports)
- [eMentalHealth.ca](#) (Community resources directory)

## 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. Describe the mental anguish, harm or trauma you have experienced due to your Phoenix pay issues and how it interfered to a profound degree with your ability to lead a normal life. Please include the following:**

- a chronology of events,
- supporting documentation with dates
- as many details as possible to describe the nature, depth and duration of the anguish or trauma and how it impacted profoundly your day-to-day life

**2. Did you require professional or medical services?**

Yes

No

**If yes, please explain.**

- how it impacted profoundly your day-to-day life

3. Did you retire from the public service due to the impact of your pay issues on your ability, to a profound degree, to lead a normal life (i.e. medical pension, an immediate annuity or a differed annuity?)

**If yes, please describe, in as much detail as possible, how your pay issues resulted in your decision to retire.**

- how it impacted profoundly your day-to-day life

1. **What is the primary purpose of the study?** (10 points)

4. Did you incur expenses directly associated with your mental anguish or trauma (i.e. fees for professional services, financial penalty costs, etc.)?

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.