



Annex K: Other

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

Definition

Claims with respect to other damages similar to but other than those previously listed which resulted in comparable personal hardship or impact caused by the employee's Phoenix pay issues.

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:

- documentation explaining a chronology of events (i.e. emails, records of discussions with human resources or managers and any other stakeholder, financial documents, medical evidence) from the date(s) of pay issues and the date of the damage encountered
- correlation between your Phoenix pay issues and "other damage" that is fully supported by timelines, amounts and 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

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>

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 any comparable severe personal or financial impacts due to your Phoenix pay issues other than those previously described in this claim form?

Yes

No

If yes, please provide a detailed explanation and a chronology of events with dates in relation to your pay issues. Please include supporting documentation.

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.