



## Claim Form for General Compensation for Damages Caused by the Phoenix Pay System

### Eligibility

This form is for **former employees** to make claims for general compensation for damages caused by the Phoenix pay system. Such claims are provided for in the following Memoranda of Agreement (Damages agreements):

- [Phoenix pay system damages agreement \(2019\) \(2019 MOA\)](#),
- [Agreement between the Treasury Board of Canada and the Public Service Alliance of Canada \(2020 MOA\)](#)
- [Agreement between the CPA Bargaining Agents \(“The Bargaining Agents”\) and the Treasury Board of Canada \(“The Employer”\) with regard to the Catch-up Clauses in the June 2019 MOA on Damages caused by the Phoenix Pay System \(Catch-up MOA\)](#).

The amount you receive will be calculated based on your eligibility for general compensation for:

- payments equivalent to up to 5 days of leave for general compensation (under the 2019 MOA)
- lump-sum payments for general compensation (under the 2020 MOA)
- catch-up payments to achieve parity between the payment equivalent to leave (under the Catch-up MOA)
- Additional payments (top-up) to achieve parity between the payment equivalent to leave under 2019 MOA with similar provisions under the 2020 MOA
- payments for late implementation of the 2014 collective agreements (under the 2020 and Catch-up MOAs)

You will receive a breakdown of your compensation payment once your claim has been evaluated.

This claim form is for the purposes of applying for damages under the aforementioned Agreements and is governed by those Agreements' terms and conditions.

Claims on behalf of the estate of a deceased employee or a former 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 or estate's behalf must be provided.

## Important information for claimants

- In order to be eligible to file a claim, you must have worked as a federal public servant at least one day in fiscal year 2016/2017, 2017/2018, 2018/2019 and/or 2019/2020 in a position that is covered by at least one of the damages Agreements.
- Where 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.** This only applies to claims submitted by individuals covered under the 2019 MOA.
- These claims will be paid through the Government of Canada pay system so you should ensure your banking and mailing address information is accurate in that system. If necessary, you can update this information by contacting your last department's human resources team or the [Client Contact Centre](#) if your organization was serviced by the Pay Centre. If you are unsure whether your organization was serviced by the pay centre, check the list of [Departments and agencies served by the Public Service Pay Centre](#).
- Compensation from this claim is taxable, as confirmed by the Canada Revenue Agency. Tax slips will be issued to you at the end of the tax year.
- Inaccurate information provided in this form may delay the processing of your claim.
- **Completed forms should be mailed to:**

Treasury Board of Canada Secretariat  
Attention: TBS Claims Office  
90 Elgin St., Ottawa ON  
K1A 0R5

## 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) and with the Government of Canada pay system in order to:

- determine eligibility
- assess your payment amount in accordance with the damages Agreements

Refusal to provide the requested personal information will result in TBS not being able to process the claim.

The personal information you provide is being collected by the TBS Claims Office and 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 Personal Information Bank PSE 904 (Pay and Benefits). 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 and understood this privacy notice statement.

## Claim form

Please select the status that represents you:

A former employee making a claim

A legal representative making a claim on behalf of a former employee or the estate of a deceased employee (***documentation verifying eligibility to act on behalf of the employee or the estate must be provided to the Claims Office with your claim form***)

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

## Claimant information

For administrative use only.

**Claim Number:**

**Note:** Your PRI is available on your pay stub and on your Pension and Insurance Benefits Statement. The Client Contact Centre can assist in retrieving your PRI. Call 1-855-686-4729 (in Canada or the United States) or 1-506-424-4330 (outside Canada and the United States) for more information.

**\*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

**\*Last organization worked:**

**Note:** To determine bargaining agent: <https://www.canada.ca/en/treasury-board-secretariat/services/collective-agreements/occupational-groups/occupational-groups-bargaining-agent-representation.html>

**Last occupational group and bargaining agent (union):**

**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.

**Reference number:**

**Note:** Data is collected to ensure that grievances are processed at the departmental level, pursuant to the Phoenix Damages Agreement. You may file a claim even if you have filed a grievance.

**Claim**

I claim any eligible payment related to general compensation as described in the Phoenix pay system damages agreement (2019), the Agreement between the Treasury Board of Canada and the Public Service Alliance of Canada (PSAC), the Agreement between the CPA Bargaining Agents (“The Bargaining Agents”) and the Treasury Board of Canada (“The Employer”) with regard to the Catch-up Clauses in the June 2019 MOA on Damages caused by the Phoenix Pay System, and similar agreements signed with separate agencies.

I agree to this claim.

**Certification of claim**

I certify that the information provided in this form is true and complete.

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** (yyyy-mm-dd):

**Claimant’s signature:**