



SUB PLAN REGISTRATION

NOTE : YOU MUST ENCLOSE A COPY OF YOUR SUB PLAN

THE GUIDE CONTAINS A SAMPLE SUB PLAN AND A LIST OF ADDITIONAL DOCUMENTS WHICH MAY BE REQUIRED.
Failure to submit all supporting documents could delay the registration date.

1. Business Number (BN) for payroll deductions		R P
2. a. Legal Name		
b. Operating Name (if applicable)		
3. Address		
City	Province	Postal Code
4. Contact Person (please print)		Telephone No. ()
Title		Fax No. ()
		E-mail
5. Number of employees under the above payroll number that are covered by your SUB plan. _____		
6. Of those in questions 5, are any employees members of a union?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you must send a complete copy of the current collective agreement for each union group.		
7. Is your SUB plan contained in an insurance policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you paying 100% of the premiums for this coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
A complete copy of the insurance policy must accompany the SUB plan.		
8. How will you confirm receipt of Employment Insurance (EI) benefits?		
a. an examination of the employee's EI benefit cheque stub.		<input type="checkbox"/>
b. a verification of the computer report issued by HRSDC indicating the amount of EI benefits paid.		<input type="checkbox"/>

BY SUBMITTING THIS FORM, YOU ARE DECLARING THAT THE INFORMATION GIVEN HEREIN IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

Authorized Officer	Title	Date
SUB Program 120 Harbourview Boulevard P.O. Box 11,000 Bathurst, NB E2A 4T5 Tel.: 1-800-561-7923 Fax.: 1-506-548-7473 Internet: http://www.hrsdc-rhdcc.gc.ca/sub-psc		