Human Resources and Skills Development Canada
Ressources humaines et Développement des compétences Canada

APPOINTMENT OF REPRESENTATIVE

TO BE USED BY, OR ON BEHALF OF A CLAIMANT WHO IS UNABLE DUE TO ILLNESS, INJURY, OR QUARANTINE, TO CONDUCT BUSINESS ON HIS OR HER OWN BEHALF.

CLAIMANT'S SOCIAL INSURANCE NUMBER

FOR HRDC USE ONLY

☐ APPROVED ☐ NOT APPROVED

FOR MANAGER

PART 1 APPOINTMENT OF REPRESENTATIVE

I, _____ being at present unable to conduct business on my
(NAME OF CLAIMANT)
on my own behalf by reason of illness, injury or quarantine, hereby appoint _____
to be my agent and representative for the purpose of claiming and receiving on my behalf, any employment insurance benefit to which I may be entitled during the period of my disability.

FIRST WITNESS (To be witnessed by a person other than the representative.)	DATE	SIGNATURE OF CLAIMANT(If claimant is unable to sign, Part 3 must be completed.)
SECOND WITNESS (Second witness necessary only if Claimant signs with an "x" on Mark.)	NOTE: IF IT IS NECESSARY FOR ANY REASON TO CHANGE THE REPRESENTATIVE, THE HUMAN RESOURCE CENTRE IS TO BE NOTIFIED.	

PART 2 UNDERTAKING OF REPRESENTATIVE

I HEREBY DECLARE that the above-named claimant is at present unable to conduct business on his or her own behalf by reason of illness, injury, or quarantine, and that I am acting as the claimant's representative for the purpose of claiming and receiving unemployment insurance benefit to which entitlement may be proved during the period of this present disability.

I am the claimant's _____ and I have known the claimant for _____ years.
(relationship)

I AGREE to reimburse Human Resources and Skills Development Canada any monies paid to me on behalf of the claimant if for any reason it must pay benefits again to the claimant for any period of this appointment.

I AGREE to reimburse the Receiver General for Canada in respect of any monies wrongfully paid to me as the result of statements or representations made by me on behalf of the claimant.

I AGREE to notify Human Resources and Skills Development Canada immediately in the event of the recovery or death of the claimant.

I affirm that the information provided on this form is accurate in all respects knowing it is of the same force and effect as if made under oath.

DECLARED BEFORE ME	SIGNATURE OF REPRESENTATIVE
AT _____ this _____ day of _____ _____ .	ADDRESS OF REPRESENTATIVE
A COMMISSIONER, PUBLIC NOTARY OR OTHER PERSON AUTHORIZED BY LAW TO ADMINISTER OATHS IN THE MATTER OR IN THE JURISDICTION IN WHICH IT IS SUBSCRIBED. ADDRESS:	TELEPHONE NUMBER OF REPRESENTATIVE ▶ ( ) -

PART3 CERTIFICATE OF ATTENDING PHYSICIAN (to be completed if Part 1 is not signed by the claimant)

I HEREBY CERTIFY that the claimant referred to above is sick, of unsound mind or incapacitated to the extent that he or she is unable to sign or complete this form.

DATE _____ SIGNATURE