Annex A
Letter of Agreement between Client Employer and Payroll Processor

1. _____[**CLIENT EMPLOYER BUSINESS NAME**] hereby authorizes
_____[**PAYROLL PROCESSOR BUSINESS NAME**], as a payroll Payroll Processor, to act on its behalf to submit Records of Employment in compliance with section 19 of the *Employment Insurance Regulations* by using the ROE Web program, a secure Internet-based application, developed by the Employment Insurance Commission of Canada, (the "Commission") which permits employers to submit Records of Employment using the Government of Canada's Government On Line Public Key Infrastructure (GOL PKI) technology.

2. The parties agree that the Payroll Processor will submit Records of Employment to the Commission on behalf of the Client Employer , in order that the Client Employer meet its obligations under the *Employment Insurance Act and Regulations*, as follows:

    a. the Client Employer will be responsible for the integrity and accuracy of the data provided to the Payroll Processor for the purpose of submitting the ROEs on its behalf and will retain a copy of the data sent to the Payroll Processor, which is used to prepare the ROEs;
    b. the Payroll Processor will obtain the concurrence of the Client Employer for any amendments it makes to the data provided by the Client Employer;
    c. the Client Employer and Payroll Processor shall retain the final payroll information in support of the ROE issued;
    d. upon submission of the ROE to the Commission, the Payroll Processor will provide a copy of the submitted ROE to the Client Employer for final verification. The Client Employer shall report any discrepancies or inaccuracies in the ROE immediately to the Payroll Processor for appropriate action;
    e. the Client Employer undertakes to provide its employees with one copy of the same ROEs submitted in respect to their disruption in earnings and will retain one copy for its own records in accordance with and in fulfillment of its obligations in section 19 of the *Employment Insurance Regulations.*

3. The Client Employer will take full responsibility for the data contained in the ROEs issued by the Payroll Processor provided that the Payroll Processor utilized the Client Employer data therein. The Client Employer is deemed to have signed and issued the ROEs upon the Payroll Processor digitally signing the transmission to the Commission.

4. The Client Employer provides its consent that the Payroll Processor may provide to the Commission and the Commission may collect and use identifying information, being the name of the Client Employer and its province of operation, and if required, its Business Number, issued by the Canada Revenue Agency, for the purposes of communicating securely with the Commission and identifying any ROE submitted by the Payroll Processor on behalf of the Client Employer using the ROE Web Program.

5. The Client Employer and the Payroll Processor agree that the Commission may have a signed copy of this Letter of Agreement and a signed copy of their service agreement upon reasonable notice.

6. The Payroll Processor will provide the Client Employer with a copy of the Agreement between the Payroll Processor and the Commission which sets out the terms and conditions according to which the Payroll Processor may use the ROE Web Program for submitting ROE on line to the Commission on behalf of the Client Employer.

7. The Letter of Agreement, the Agreement between the Payroll Processor and the Commission, and the Service Agreement between the Payroll Processor and the Client Employer are "records" within the meaning of the *Employment Insurance Act* and the Client Employer must retain copies of those "records" in compliance with the Act.

Client Employer Information

Company Name:

Contact Name:

Tel. Number: (____) ____-_____   Fax Number: (____) ____-_____

Address:
(to appear on the ROE)   Email:

Client Employer CRA Business Number(s)

_____ RP _____   _____ RP _____

_____ RP _____   _____ RP _____

_____ RP _____   _____ RP _____

_____ RP _____   _____ RP _____

Payroll Processor Information

Company Name:

Contact Name:

Tel. number: (____)____-_____   Fax number: (____) ____-_____

Signature Information

For Client Employer   **For Payroll Processor**

_____   _____
Name (please print)   **Name (please print)**

_____   _____
Signature   Signature

_____   _____
Title   Title

_____   _____
Date   Date