Service Canada

Claimant Name:	SIN:

Compassionate Care Benefits Attestation

The information provided on this certificate is collected under the authority of the Employment Insurance Act (EI) to determine the eligibility for compassionate care benefits.

Failure to complete this form will result in not being entitled to receive compassionate care benefits.

The information provided may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked.

The personal information collected herein is administered in accordance with the EI Act and privacy Act. Individuals have the right to the protection of, and access to their personal information. It will be retained in the Personal Information Bank. Instructions for obtaining this information are outlined in the government publication entitled Info Source, a copy of which is located at all Service Canada Centres. Info Source is also located at the following web site address, http://infosource.gc.ca

If you require clarification about this statement, please contact our Privacy Co-ordinator by e-mail to nc-fas-sfa-atip-aiprp@hrdc-drhc.gc.ca or by calling (819) 994-0416 or writing to 140 Promenade du Portage, Phase IV, 1st floor, Gatineau, Quebec, K1A 0J9

Section 1- PATIENT INFORMATION

If the patient is incapable of signing this attestation, Section 2 must be completed by the patient's legally authorized or appointed representative.

Family Name	All Given Names of the Patient	Date of Birth (Y-M-D)

Residential address

Apt no Number and Street, Concession, Other		City or Town
Province/Territory	Country	Postal Code (if in Canada)

Section 2- PATIENT REPRESENTATIVE

To be completed by patient's legally authorized or appointed representative. If the patient is unable to sign this attestation, a person legally appointed or authorized by law to act on behalf of the patient and duly authorized by law to disclose patient information must complete the following:

I am legally appointed or authorized to act on behalf of this patient.
The patient mentioned in Section 1 is at present unable to sign this attestation.

Patient's Representative - Print Name	Telephone Number with Area Code
	( ) -

I, _____ attest that _____is considered
(patient or representative - print name) (claimant name)

to be like a family member for the purposes of EI Compassionate Care Benefits.

_____ _____
signature date

Service Canada delivers Human Resources and Social Development Canada (also known as Human Resources and Skills Development Canada) programs and services for the Government of Canada

Canada