

CAIS Additional Information and Adjustment Request Form

This form is used to request an adjustment or to submit additional information to the CAIS program. Do not use this form to request an adjustment to your tax return.

- If this adjustment affects your net income, the CAIS Administration may require that a similar adjustment is first accepted by the CRA. Requests for adjustments to your tax return should be sent separately to your CRA office.
- Once complete, fax or send the form and any attachments to:

CAIS Administration
P.O. Box 3200
Winnipeg, Manitoba R3C 5R7
Facsimile Number: (204) 983-3947

Please identify the information you are sending in by checking off the applicable box(es) below:

- Information submitted at the same time as CAIS program forms
- Adjustment to information that was reported on my original CAIS program forms
- Information requested by the CAIS program Administration

Indicate which program year you are requesting the adjustment to be made to:

- 2001 2002 2003 2004 2005 2006

Attention: _____ **Number of pages/attachments including this page:** _____

1	Identification	For office use only				
	CAIS Participant Identification Number (PIN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date Received	Date Processed	Employee ID		
	Name: _____					
	Telephone (days): _____	Facsimile Number: _____				
2	Adjustment Details					
Indicate the details of your requested adjustment below. Adjustments to information reported on your CAIS program forms must be made within 90 days of the date indicated on your original Calculation of Program Benefits (COB). Please ensure you indicate the year(s) you are adjusting.						
Section on the Form	Description of the item to be Adjusted				Previous Amount	Revised Amount
3	Other Details or Explanations (attach an extra sheet if required)					

Note: If you would prefer to show your adjustments using a page from the CAIS program forms rather than filling in part 2 of this form, attach the page(s) to this form.