



CAIS Additional Information and Adjustment Request

Use this form to ask for an adjustment or to send additional information to the CAIS program. Do not use this form to ask for adjustments to your income tax return.

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

CAIS Administration P.O. Box 3200 Winnipeg MB R3C 5R7 Fax number: 204-983-3947

Please identify the i	nformation you are se	nding in by ticking th	e applicable box(es) l	pelow:			
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 CAIS 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)				Date received	Date processed	Employee ID	
Name:							
Telephone (days):		Facsimile Number:					
2 Adjustment details							
	ns must be made within 90 Benefits (COB). Please en						
Section on the form Descrip		tion of the item to be adjusted		Previous Am	ount Revi	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.

