



NOTICE OF APPEAL

Your personal information on this form is collected under the authority of the [Department of Employment and Social Development Act](#) and the [Employment Insurance Board of Appeal Regulations](#) to process your appeal of an Employment Insurance reconsideration decision to the Board of Appeal. Completion of this form is voluntary however refusal to provide the requested personal information may result in the form being considered incomplete or ineligible for processing. The Social Insurance Number (SIN) is collected under the authority of the [Department of Employment and Social Development Act](#) and in accordance with the Treasury Board Secretariat [Directive on the Social Insurance Number](#). Your Social Insurance Number will be used solely for identification purposes, to retrieve relevant information and to link your appeal to the request for reconsideration. Your personal information is protected under the [Privacy Act](#) and accessible under the [Access to Information Act](#). It will only be used and disclosed as described in the Personal Information Bank titled Employment Insurance Claim Files (ESDC PPU 151). Instructions for obtaining this information are outlined in the government publication entitled [Info Source](#) available at www.canada.ca/infosource-ESDC. You also have the right to request access to your personal information and to request corrections, should you believe the information you provided contains errors or omissions. To request a correction to your personal information, please contact the Employment and Social Development Canada [Access to Information and Privacy Office](#) at: NC-COMM-ATIP-AIPRP-GD@hrsdc-rhdcc.gc.ca. If you are not satisfied with our response to your privacy concern or the handling of your personal information, you may contact the [Office of the Privacy Commissioner of Canada](#) at www.priv.gc.ca/en/report-a-concern.

APPELLANT INFORMATION

If you are an employee or self-employed, complete section A.
If you are an employer, complete section B.

A. EMPLOYEE OR SELF-EMPLOYED

First name:		Last name:	
Social Insurance Number (999 999 999):	Mailing address:		
City:	Province:	Postal code (A1A 1A1):	
Telephone number (daytime) (999) 999-9999:		Other telephone number (if any) (999) 999-9999:	

ELECTRONIC COMMUNICATION

☐ By providing this email address, I authorize the Board of Appeal to communicate with me electronically.

Email address:



B. EMPLOYER

Business name:

Contact person's first name:

Contact person's last name:

Canada Revenue Agency Business Number:

Business mailing address:

City:

Province:

Postal code (A1A 1A1):

Telephone number (daytime) (999) 999-9999:

Other telephone number (999) 999-9999:

If the appeal is related to an employee or a former employee, complete the following information:

Employee's Social Insurance Number (999 999 999):

Employee's first name:

Employee's last name:

ELECTRONIC COMMUNICATION

☐ By providing this email address, I authorize the Board of Appeal to communicate with me electronically.

Email address:

RECONSIDERATION DECISION BEING APPEALED

Record ID or Number on the Notice of reconsideration decision letter

Date on the Notice of reconsideration decision letter (YYYY-MM-DD)

Date you were notified of the reconsideration decision (YYYY-MM-DD)

Explain why you disagree with the reconsideration decision (attach additional pages if required):



SUPPORTING DOCUMENTS

I am including supporting documents: ☐ Yes ☐ No

Include copies of any documents that support your appeal. Examples of supporting documents include:

- | | |
|-------------------------|----------------------------------|
| • pay stubs | • bank statements |
| • records of employment | • medical certificates or report |
| • collective agreements | • proof of residence |

LATE APPEAL (if applicable)

You have **30 days** from the date you were notified of the **Reconsideration Decision** to file an appeal.

If your appeal is submitted after this 30-day period, **you must** explain the reason for the delay. The Board of Appeal will use this information to decide whether an extension of time can be granted to file your appeal.

Note: The Board of Appeal is not authorized to accept appeals filed **more than one year** after the date you were notified of the **Reconsideration Decision**.

Explain why your appeal is late (attach additional pages if required):



HEARING INFORMATION

Please select one of the following hearing formats. If no option is selected, your hearing will be held via videoconference or teleconference.

Videoconference

- ☐ Connect to the videoconference from a location of your choice using your personal computer or mobile device. This option requires a high-speed internet connection.

Telephone or teleconference

- ☐ Call from a location of your choice, such as your home or your representative's office, if applicable.

In person

- ☐ Your hearing will take place at a Service Canada Centre.

LANGUAGE FOR CORRESPONDENCE AND HEARING

Preferred language for correspondence: ☐ English ☐ French

Preferred language for the hearing: ☐ English ☐ French

INTERPRETATION SERVICES

If you are not comfortable speaking English or French during the hearing and need an interpreter, complete the following information.

- ☐ I will provide my own interpreter and will be responsible for any costs incurred.

- ☐ I require an interpreter to be provided by the Board of Appeal.

The interpreter must speak this language: _____

My dialect and/or country of origin: _____

ACCOMMODATION MEASURES

The Employment Insurance Board of Appeal is committed to making the appeal process accessible to everyone by providing accommodation measures that promote full and equal participation, to the extent possible. Every effort will be made to meet individual needs and eliminate barriers in accordance with the principles of procedural fairness and the right to a fair hearing.

Would you like to be contacted regarding an accommodation measure? ☐ Yes ☐ No

Additional information about accommodation measures can be found at www.eiboa-caae.gc.ca



CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION TO A REPRESENTATIVE

You do not need a representative to file an appeal. However, if you choose to have one, please complete this section of the form. A party's personal information cannot be released to their representative without the party's written consent.

By providing written consent, the Board of Appeal will communicate with your authorized representative regarding the appeal. Only the information received by the Board of Appeal in relation to the appeal can be disclosed. This can include:

- the reconsideration file containing all the information used by the Canada Employment Insurance Commission to make their decision under section 112 of the *Employment Insurance Act*
- the representations of the Commission explaining the reasoning for its decision
- any information/communication about the appeal
- the decision of the Board of Appeal

In addition, you authorize this person to communicate with and receive information from the Board of Appeal concerning any matter related to the appeal process. This allows this person to attend the hearing and speak on your behalf. You are responsible for any costs incurred.

Do you have a representative? ☐ Yes ☐ No

Representative's first name:

Representative's last name:

Name of company, law firm, organization, or the person's relationship to you:

Representative's mailing address:

City:

Province:

Postal code (A1A 1A1):

Representative's telephone number (daytime)
(999) 999-9999 :

Representative's other telephone number (if any)
(999) 999-9999 :

This consent does not authorize the person I have designated to modify any information included in my reconsideration file. I understand that this consent is valid for the duration of my appeal before the Board of Appeal, unless I revoke it in writing.

☐ I authorize the Board of Appeal to share information about my appeal with my representative.



ELECTRONIC COMMUNICATION

☐ By providing my representative's email address, I have confirmed with my representative that they authorize the Board of Appeal to communicate with them electronically.

Representative's email address:

DECLARATION AND SIGNATURE OF THE APPELLANT

I hereby give notice that I disagree with the Employment Insurance reconsideration decision and wish to exercise my right to appeal this decision to the Board of Appeal. All information provided as part of my notice of appeal is true to the best of my knowledge.

X

Signature of the appellant

Date (YYYY-MM-DD)

HOW TO SUBMIT

Online

This form can be completed and submitted via the [Employment Insurance Board of Appeal](http://www.eiboa-caae.gc.ca) website www.eiboa-caae.gc.ca

By Mail

Print, complete, sign and send this form and copies of supporting documents to:

Employment Insurance Board of Appeal of Canada
140 Promenade du Portage
Gatineau, Québec K1A 0J9

*** Please keep all original documents.**

In person

Submit the completed and signed form and copies of supporting documents at a Service Canada Centre. To find a [Service Canada office](https://offices.service.canada.ca/en), please refer to the website: <https://offices.service.canada.ca/en>

CONTACT INFORMATION

Visit the [Employment Insurance Board of Appeal](http://www.eiboa-caae.gc.ca) website at www.eiboa-caae.gc.ca

Call toll-free number: 1-833-341-9399

The hours of operation are Monday to Friday from 8:30 am to 4:30 pm local time (excluding statutory holidays).