

**INFORMATION FORM FOR
DEPARTMENT OF INDIAN AFFAIRS
SOCIAL ASSISTANCE PROGRAM**

To: Employment Canada, HRDC Office Number _____

SURNAME (BLOCK LETTERS)	DATE OF BIRTH	S.I.N.
GIVEN NAMES (BLOCK LETTERS)	MALE FEMALE	FILE NO.
ADMINISTERING AUTHORITY	DATE OF REQUEST	
ADDRESS	_____ AUTHORIZED FN OFFICIAL	

TO BE COMPLETED BY EMPLOYMENT CANADA

ADDRESS:

<p style="text-align: center;">INSURANCE</p> <p>"1. Has a benefit period been established? _____</p> <p>2. If so, weekly rate? _____</p> <p>3. Claim filed and pending as of: DATE: _____</p>	<p>Approximate date of first payment _____</p> <p>Remarks (if disqualification, delay, other): _____ _____ _____</p>
<p style="text-align: center;">INSTRUCTIONS</p> <p style="margin-top: 20px;">HRDC: Complete insurance section and return to originating Administering Authority above.</p>	<p style="text-align: center;"> _____ _____ DATE (LOCAL OFFICE MANAGER) </p>