



Notice of Appeal – Employment Insurance – General Division

Également disponible en français

Fill out and sign this form if you want to appeal a reconsideration decision from the Canada Employment Insurance Commission. We must receive your completed form **within 30 days** from the date you received your reconsideration decision.

Please attach a copy of your reconsideration decision to this form.

You must provide all the information below. The Social Security Tribunal Regulations require this.

We will share any documents you give us with any other parties to your appeal.

We publish many Tribunal decisions online so that people can understand how the Tribunal works. If we publish the decision in your appeal, we will first remove any information that reveals your identity.

We understand that parties may have privacy concerns. We try to respect those concerns. At the same time, the law requires us to be open about the Tribunal's work. Learn more about how we balance open justice and privacy by reading our open justice and privacy statement on our website at www.sst-tss.gc.ca/en/decisions-laws-and-policies/open-justice-and-privacy.

If you have questions on how to fill out this form, call our toll-free line from Canada or the United States at 1-877-227-8577 (TTY: 1-866-873-8381) or call collect from outside Canada or the United States at 1-613-437-1640 (TTY: 1-613-948-8181), Monday–Friday between 7 a.m. and 7 p.m. Eastern Time.

1 – Appellant

I am (please select only one):

an individual (fill out Section 2A)

an employer (fill out Section 2B)

2 – Appellant / contact person information

2A. Individual	2B. Employer	
First name	Contact person's first name	
Last name	Contact person's last name	
Appellant's Social Insurance Number (SIN)	Full business name	
	Canada Revenue Agency business number	
	This appeal relates to the following employee/former employee (if applicable):	
	First name	Last name

Contact information

Email address (if available) that the Tribunal can use to send me messages, documents, and personal information about my file:

Providing this email address means I give the Tribunal permission to contact me by email and that I understand that the Tribunal isn't responsible for the privacy and security of email communication.

Home / Business address (No., Street, R.R.)	Apt. / Unit	City / Town
Province / Territory	Postal code	Country
Phone number (with area code)	Other phone number (with area code)	Fax number (with area code)
I don't have a phone.		

3 – Hearing

What kind of hearing would you prefer?

No preference

By phone (Call from a location convenient to you such as your home or your representative’s office.)

By videoconference at a Service Canada Centre (You will travel to a Service Canada Centre near you and participate using their videoconference system. The Tribunal member will join from a different location.)

By videoconference from your personal computer or mobile device (Connect to the videoconference from a location convenient to you such as your home or your representative’s office. The Tribunal member will join from a different location. This option requires a high-speed internet connection. We will contact you to ensure this option will work for you.)

In-person (Your hearing will take place at a Service Canada Centre near you. The Tribunal member will be in the same room as you.)

4 – Language

I want the hearing to be in:

English

French

Please write to me in:

English

French

I am not comfortable speaking either English or French. At a hearing, I will need an interpreter. (The Tribunal will get an interpreter for you.)

The interpreter must speak this language:

My dialect or country of origin (if applicable):

5 – Accessibility (alternate arrangements)

Please tell us if you need any alternate arrangements for your appeal (such as wheelchair access for your hearing). We want to ensure that everyone can participate in our proceedings on an equal basis.

To request accommodation for a particular need please contact us by phone, email, fax, or mail. All our contact information is at the end of this form.

You can find more information on our accommodation and accessibility policy on our website at www.sst-tss.gc.ca/en/decisions-laws-and-policies/social-security-tribunal-accommodation-and-accessibility-policy.

6 – Reconsideration decision

I am attaching a copy of my reconsideration decision.

I received my reconsideration decision on (Year - Month - Day):

or I don't remember.

7 – Reason(s) for your appeal of the reconsideration decision

Explain what you disagree with in your reconsideration decision and why. Attach extra pages if necessary.

8 – Documents to support your appeal

Include any documents that could support your appeal.

Examples of supporting documents:

- Pay stubs
- Record of employment
- Collective agreement
- Employment contract
- Bank statements
- Medical reports or certificates (example, doctor's report or specialist's report)
- Proof of residence

I am including copies of supporting documents:

Yes

No

9 – Late appeal (if applicable)

We must receive this completed form **within 30 days** from the date you received your reconsideration decision. If we receive your notice of appeal after the 30 days, you **must** explain why it is late. The Tribunal member will then decide whether your appeal can go forward. Please note that the Tribunal can't accept an appeal filed **more than one year** from the date you received your reconsideration decision.

Explain why we should accept your late appeal. Attach extra pages if necessary.

The Tribunal member will consider:

- Whether you have a reasonable explanation for why your appeal is late
- What steps you took that show that you always intended to appeal
- Whether extending the time for filing your appeal would be unfair to the other party/parties
- Whether your appeal has a reasonable chance of success
- Any other reason why we should allow your appeal to be filed late

10 – Representative information

You don't need a representative. If you choose to have a representative, you are responsible for any costs.

Do you have a representative?

Yes

No (go to Section 11)

Please indicate which category of representative you have and fill out their information below.

Lawyer / legal clinic

Paralegal / notary

Advocacy group

Union representative

Family member / friend

Other Please specify: _____

First name

Last name

Name of company, law firm, association, or organization (if applicable)

I have confirmed with my representative that they want the Tribunal to send them correspondence and documents by email.

Yes → **Email address:** _____

No

Address (No., Street, R.R.)

Apt. / Unit

City / Town

Province / Territory

Postal code

Country

Phone number (with area code)

Other phone number (with area code)

Fax number (with area code)

11 – Declaration and signature of appellant

I declare that, to the best of my knowledge, all the information I provided as part of my notice of appeal is true.

If you have a representative:

I authorize the Tribunal to share any information about my appeal with my representative.

I understand that the Tribunal will normally communicate only with my representative and that I will personally receive information only about my hearing and the final decision.

Signature of appellant:

Year - Month - Day

How to submit your appeal

Fill out, sign, and send us a copy of this form and copies of any supporting documents by email, fax, or mail. Keep all your original documents.

Email: info.sst-tss@canada.gc.ca

Fax: 1-855-814-4117 (toll-free in Canada and the United States)
1-613-941-5121 (long distance charges may apply)

Mail: Social Security Tribunal of Canada
PO Box 9812
Station T
Ottawa ON K1G 6S3

Questions?

Email us at info.sst-tss@canada.gc.ca or call our toll-free line from Canada or the United States at 1-877-227-8577 (TTY: 1-866-873-8381).

You can also call collect from outside Canada or the United States at 1-613-437-1640 (TTY: 1-613-948-8181).

Website: www.sst-tss.gc.ca/en

Tips

- ▶ Email is the fastest way to send us information.
- ▶ Send one form for each decision you want to appeal.
- ▶ You must tell us if your contact information changes. If we can't reach you, we may proceed in your absence.
- ▶ Keep all letters or documents we send you. They are numbered for easy reference and will be needed at your hearing.
- ▶ If you change your representative, tell us right away.
- ▶ Everything you send us must be in either English or French. If you need information about translation, visit our website at www.sst-tss.gc.ca/en/your-appeal/interpreters-and-translation.