

**Client Identification**

Client Name	SIN	Date of Birth (yyyy / mm / dd)
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**Client Authorization to Release E.I. Claim Information**

I hereby authorize Service Canada to release information regarding my Employment Insurance history to:

Name of Individual and/or Organization receiving the information

Phone Number

Fax Number

in order to determine my eligibility for Employment Benefits or Programs. This authorization will remain in effect until \_\_\_\_\_ or until I provide Service Canada with written instruction to cancel this authorization.  
(yyyy / mm / dd)

Client Signature

Date (yyyy / mm / dd)

**Current Employment Insurance Information (To be completed by Service Canada Agent)**

**Client Status (select those which are applicable)**

1) No Claim History (Client has no previous E.I. claim)

2) Application for E.I. benefits is being assessed

Application Date

Assess Completion

Claim Type

3) E.I. Application did not establish a Benefit Period

4) Current E.I. Benefit period established

Benefit Period Commenced (BPC)

Benefit Period End date

Claim Type

Gross Weekly Benefit Rate (\$)

Weeks of Entitlement

5) Previous E.I. benefit period

Benefit Period Commenced (BPC)

Benefit Period End date

Payment received

Yes

No

Claim Type

This information is correct as of the date signed below

Service Canada Officer Signature

Date

For the purposes of section 25 of the EI act, as an authority designated by the Commission under Aboriginal Human Resource Development Agreements (AHRDAs), the above named participant is hereby referred to the employment activity described below:

**Type of Activity:**

Training

Self Employment

Wage Subsidy

Job Creation Partnership

Title of Intervention:

Original

Amendment

Start Date

End Date

Name and Position of Authorizing Officer

Phone Number

Fax

Signature

Date