



ASSIGNMENT OF BENEFIT EMPLOYMENT INSURANCE BENEFITS

FILE NUMBER	WELFARE AGENCY CODE
CLIENT'S FAMILY NAME	
NAME AND ADDRESS OF THE WELFARE AUTHORITY Ministry of Social Development and Social Innovation P.O. Box 9950 STN PROV GOVT Victoria, B.C. V8W 9R3	

SOCIAL INSURANCE NUMBER
GIVEN NAME
SIGNATURE OF WELFARE AUTHORITY
DATE (YYYY MMM DD)

MINIMUM WEEKLY LIVING ALLOWANCE
EFFECTIVE DATE
EFFECTIVE WEEK CODE
AMOUNT

WEEKLY ASSIGNMENT AMOUNTS BEGINNING ON SUNDAY	
WEEKLY AMOUNT	
START WEEK DATE	CODE
LAST WEEK DATE	CODE
LAST WEEK AMOUNT	

AMOUNT THIS ASSIGNMENT
AMOUNT ALL ASSIGNMENTS FOR ABOVE

DATE OF PAYMENT (YYYY MMM DD)

I hereby authorize the Human Resources Development Canada to deduct from any assistance payable to me an amount equal to the welfare payments made to me for any week for which I am entitled to payment of Employment Insurance benefit.

I understand that (1) the said deduction will under no circumstances exceed the sum of Employment Insurance benefits payable during the period for which the assignment is valid. (2) any excess of Employment Insurance benefits payable, over the previously mentioned deduction, will be paid directly to me.

Moreover, I do hereby consent that my personal information, taken from my claim for assistance and dealing with the assignment of my assistance, be disclosed and/or used by the identified welfare agency only for the purpose of establishing my entitlement to welfare assistance.

Completion of this form is voluntary. The information you provide on this form is collected under the authority of the *Employment Insurance Act* and will be used to make the required deductions and payments to the welfare agency identified. This information will be retained in the Personal Information Banks EIC PPU 150 and EIC PPU 180. Under the *Privacy Act*, you have the right to protection of and access to your personal information. Instructions for obtaining your personal information are provided in the Info Source, a copy which is located in all Federal Post Offices and Canada Employment Centres.

NOTE: The maximum period allowed for recuperation of the welfare payments is a period of 52 weeks beginning with the first week for which the welfare payments was paid.

SIGNATURE OF APPLICANT	DATE (YYYY MMM DD)
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FOR HRDC USE ONLY

ASSIGNMENT HAS BEEN RETURNED FOR THE FOLLOWING REASON:	
<input type="checkbox"/> AMOUNT	<input type="checkbox"/> DATE MISSING
<input type="checkbox"/> SIGNED BY THE APPLICANT AFTER HE OR SHE HAD RECEIVED THE WELFARE PAYMENT.	THE ASSIGNMENT OF BENEFIT REQUEST WAS