

SUPPLEMENTAL UNEMPLOYMENT BENEFIT (SUB) PLAN REGISTRATION

NOTE: YOU MUST ENCLOSE A COPY OF YOUR SUB PLAN.

THE GUIDE CONTAINS A SAMPLE SUB PLAN AND A LIST OF ADDITIONAL DOCUMENTS WHICH MAY BE REQUIRED. Failure to submit all supporting documents could delay the registration date.

Business Number (BN) for payroll deductions			RP	
2. a. Legal Name			IXI	
b. Operating Name (if applicable)				
3. Address				
City Province		Postal Code		
4. Contact person (please print)		Telephone No.		
		Fax No.		
Title		E-mail		
5. Number of employees under the above payroll number	er that are covered by your SUB plar	i		
6. Of those declared in question 5, are any employees members of a union?				☐ No
If yes, you must send a complete copy of the curr	ent collective agreement for each	union group.		
7. Is your SUB plan contained in an insurance policy?		Yes	No	
If yes, are you paying 100% of the premiums for this		Yes	No	
A copy of the relevant sections of the insurance p	olicy must accompany the SUB pla	an.		
8. How will you verify receipt of the Employment Insurar	nce benefits and weekly benefit rate?			
a. by obtaining the information directly from the empl	oyee.			
b. by consulting a system generated report provided by Service Canada.				
BY SUBMITTING THIS FORM TO THE ADDR TRUE AND ACCURATE TO THE BEST OF Y		LARING THAT THE I	NFORM	ATION GIVEN HEREIN IS
Authorized Officer		Title		Date
Service Canada SUB Program PO Box 11000 Bathurst NB E2A 4T5	If you use a courier service, the street Service Canada SUB Program 120 Harbourview Blvd. Bathurst NB E2A 7R2	t address is as follows:		You may call us at: 1-800-561-7923 Fax: 506-548-7473

For more information visit: $\underline{\text{http://www.servicecanada.gc.ca/eng/cs/sub/0200/0200_000.shtml}}$

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