

CHAPTER EIGHT: EMPLOYMENT INSURANCE

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CHAPTER EIGHT: EMPLOYMENT INSURANCE

I. INTRODUCTION

A. *Keeping Up to Date on Changes to Employment Insurance*

Employment Insurance (EI) has recently become a politically charged issue. It is possible, indeed likely, that there will be some significant changes to the EI structure after this edition of the Manual is published. When working with an EI claim, always ensure that you are working with the most updated information. Consult “The Latest on Employment Insurance” section of Service Canada’s website at www.servicecanada.gc.ca/eng/ei/information/latest2009.shtml before proceeding.

1. **Temporarily Extended Benefits**

Due to the economic recession, benefits were temporarily extended until September 11, 2010. Claimants should check online to ensure this date has not been extended. These "Improved Duration of Employment Insurance (EI) Regular Benefits" increased the maximum number of weeks for which a claimant can receive EI benefits. Depending on which region the claim is being made in, claimants can receive up to five more weeks of regular benefits. This increases the maximum number of weeks from 45 to 50.

The change applies to all regular claimants whose benefit period has not ended before March 1st, 2009 or where the benefit period does not begin after September 11, 2010. Please see www.servicecanada.gc.ca/eng/ei/faq/faq_general.shtml for more details.

2. **Electronic Developments and EI**

The internet can now be used at many different stages of the EI process. An applicant can apply for EI benefits online. In addition, using the “My EI information on-line” an applicant is able to make changes to their personal information, view claim information, and review previous EI claims. The “Internet Reporting Service” allows a claimant to submit their EI reports online; these records are required to demonstrate entitlement.

An employer can submit Records of Employment online.

The “Epass” system creates an easier way to communicate with government services via the internet.

B. *General Information*

Employment Insurance (EI) is a contributory federal social insurance scheme that pays benefits to eligible workers who lose their jobs or who cannot work due to illness, pregnancy or due to responsibilities for a newborn or newly-adopted child, an ill family member, or person who considers the claimant to be like a family member. Human Resources Development Canada (HRDC) and the Canada Employment and Immigration Commission (the Commission) administer and act as the registry for the system.

Under the Employment Insurance Act, R.S.C. 1996, c. 23 [EI Act], both employees and employers are required to contribute to the payment of premiums. A claimant is not automatically entitled to benefits for loss of employment because he or she paid premiums. Certain criteria (see **Section IV: Qualifying for EI**) must be met before benefits are payable.

The EI regime is a multi-tiered system that can be tricky to understand if one is not familiar with the

terminology. In the interest of clarity, the list immediately below shows the progression of appeals under the regime:

- a) decision made by an agent of the Commission on Claimant's eligibility;
- b) claimant appeals decision to the Board of Referees;
- c) claimant appeals decision of the Board to an Umpire (decisions of the Umpire are known as "CUBs");
- d) claimant applies to Federal Court of Appeal to reverse decision of Umpire;
- e) claimant appeals court's decision to the Supreme Court of Canada. (Cases will usually only proceed to the Supreme Court of Canada if the disputed issue is of national significance).

A separate appeal structure exists for cases concerning the insurability of employment. This structure is set out in **section XII. A. 3 Insurability Decisions**.

Since 1990, the EI Act (formerly the Unemployment Insurance Act, R.S.C. 1985, c. U-1) has undergone several important revisions. Amendments were introduced in Bills C-21 (1990), C-113 (1993), C-17 (1994), and Bill C-12 (which enacted the new EI Act in 1996). The latest version of the Act came into force in phases, beginning on July 1, 1996 and ending in 1997. Further amendments were introduced in Bills C-23 (2000), C-32 (2000), C-2 (2001), C-40 (2001), and C-49 (2002). Because of the numerous recent amendments and recent discussions of major changes to EI, advocates should be particularly careful to ensure that they are using the current version of the legislation.

C. What LSLAP Can Do

The following is a summary of what LSLAP students can help with:

- Assist a client with an initial application;
- Assist a client with an application for training benefits or write-off of debt;
- Appeal any unfavorable decision by the Commission:
 - a) write a Notice of Appeal;
 - b) prepare for an appeal to the Board of Referees;
 - c) appear at hearing before the Board of Referees;
- Assist a client with an appeal to the Minister of National Revenue;
- Appeal unfavourable decisions by the Board to an Umpire; and
- Help clients cut off from EI benefits write a letter of complaint to their MP.

D. What LSLAP Cannot Do

LSLAP cannot represent clients seeking judicial review of decisions made by Umpires, because these are argued in the Federal Court of Appeal (and then, in the event of a further appeal, the Supreme Court of Canada). LSLAP students cannot appear before these courts. Clients can be referred to the Community Legal Assistance Society (CLAS), as qualified legal counsel will be required.

E. Deadlines for Appeals

- For appeals to the Board of Referees: **30 days** from the date the claimant received the decision he or she wishes to appeal.

NOTE: If the 30 day deadline to appeal to the Referees has expired, and the Commission (which acts as a registry for the Referees) refuses to allow a late appeal, the claimant can appeal that decision to the Board of Referees if there is a **valid reason** that prevented him or her from making the deadline. Examples of reasons that have been accepted are: sickness, illiteracy or inability to understand English or French, misinformation by the EI office, or the claimant not receiving notice of the decision. In such cases, the Referees deal only with the lateness issue and not the merits of the original decision. The latter will be dealt with in a second hearing.

- For appeals to the Umpire: **30 days** from the time the decision was communicated to the applicant or within such further time as the Umpire may grant.
- For requests for rulings to the Canada Customs and Revenue Agency (CCRA): Before **June 30th** in the year following the year to which the question relates. Note that the CCRA rules on insurability issues.
- For appeals to the Minister of Revenue: **90 days** from the date of the ruling.

II. GOVERNING LEGISLATION, REGULATIONS, POLICY GUIDELINES, AND RESOURCES

A. Employment Insurance Act, 1996, c.23 and Regulations

Ensure that you are working with the most recent version of the Act. The legislation is published in the CCH Labour Law Reporter and the Employment Insurance Regulations, SOR/96-332 P.C. 1996-1056 28 June, 1996 (EI Regulations) are updated by publications in the Canada Gazette. The EI Act is also available on at www.servicecanada.gc.ca/eng/ei/legislation/ei_act_tofprov_1.shtml.

B. Carswell's Annotated Employment Insurance Statutes

Karen L. Rudner, Carswell (2004-). A copy is on reserve at the UBC Law Library.

Updated every year, Carswell's Annotated Employment Insurance Statutes is an excellent tool for detailed legal research. It contains the entire EI Act and Regulations, with extensive annotations after each provision describing the history of the section, and the decisions interpreting and applying it.

C. Practical Guide to the EI Act

The unemployment action movement (MAC) of Montreal has provided an English translation of its outstanding guide of Canada's EI system. Its "Practical Guide & Tips" can be consulted online or downloaded in PDF format at www.macmtl.qc.ca/Conseils_pratiques/en.htm.

D. EI Jurisprudence Online

The best online starting point for understanding the law, policy and practice on specific issues is the EI homepage at www.servicecanada.gc.ca/eng/ei/menu/eihome.shtml. The page links to legislation, the jurisprudence library, the Commission's policy manual, and to the Board of Referees and Umpires section. The jurisprudence on EI includes decisions of the Umpires, the Federal Court of Appeal and the Supreme Court of Canada. Many of these decisions can be located via a search engine on the

HRDC web site at: www.ei-ae.gc.ca/en/library/search.shtml. The web site provides texts of the Canadian Umpire-Benefits (CUBs) and decisions of the Federal and Supreme Court. Also, the links at the top of that page are very helpful. The Referees site, for example, gives excerpts from leading cases on the major appealable issues, with links to the full judgments.

The Board of Referees section of the web site has a "Quick Reference Tool" and the Umpire's section contains a "Judicial Interpretations" section. These lead respectively to useful summaries of the law on key issues and to a synopsis of the leading decisions by the Federal Court. These summaries don't always state the law in the most favourable way for the claimants, but they are a good starting point.

A very useful resource can be found in the "Employment Insurance Appeal Decisions Favourable to Workers" decisions database. The database makes available a collection of Employment Insurance jurisprudence where the decision was favourable to workers.

More information and a link to the database can be found at: www.ae-ei.gc.ca/eng/board/favourable_jurisprudence/favourable_decisions_introduction.shtml.

E. Tax Court Decisions

There is a separate site for Tax Court decisions (on insurability issues, etc.). The search page is located at: <http://decision.tcc-cci.gc.ca/en/index.html>. Searches can be limited to UI and EI decisions.

F. Digest of Benefit Entitlement Principles

This two-volume policy manual is published by the Commission and is amended periodically. It is a useful research tool and reference. Copies may be found at District EI Offices, CLAS, and law libraries. It contains a summary of general law and policy for each subject matter, with references to the relevant sections of the EI Act and Regulations and refers to many decisions of the Umpires and Federal Court. However, it is written by the Commission, and many chapters do not accurately describe the cases. It must therefore be used with caution, and **not** as the sole reference. The manual can be found online at www.servicecanada.gc.ca/eng/ei/digest/table_of_contents.shtml.

G. Human Resources and Development Canada

Human Resources and Development Canada maintains an extensive web site with many tools, which is located at www.hrsdc.gc.ca/eng/employment/ei/index.shtml.

For general information regarding EI claims contact:

Vancouver Service Canada Centre
415 - 757 Hastings Street West
Vancouver, B.C.
Telephone: (604) 682-7885 (Job Order Hotline)
Toll-free: 1-800-O Canada or 1-800-206-7218

Also see Employment Centres listed in the Government of Canada blue pages in the phone book.

III. QUALIFYING FOR EI

A. Insurable Employment

Sections 5(1) and (2) of the EI Act set out what is and what is not insurable employment. Please note that s. 5(2) outlines specific instances of employment that are not insurable (i.e. employment in

Canada by an international organization, by a foreign government, or by Her Majesty in right of a province). When in doubt, the reader should consult s. 5 of the EI Act, and s. 3 of the EI Regulations.

Generally, if the employer has deducted EI premiums, then the employment is insurable. However, it is the nature of the employment, and not the premiums paid, that is determinative.

Disputes concerning s. 90(1) of the EI Act including:

- a) whether employment is insurable;
- b) how long employment lasts, including the dates on which it begins or ends;
- c) the amount of any insurable earnings;
- d) how many hours an insured person has had insurable employment;
- e) whether a premium is payable;
- f) the amount of a premium payable;
- g) who is the employer of an insured person;
- h) whether employers are associated employers; or
- i) what amount shall be refunded under s. 96(4) - (10);

are determined **solely** by the Canada Customs and Revenue Agency (CCRA) and cannot be appealed to the Board of Referees. Instead, appeals of decisions by the CCRA are made first to the Minister of National Revenue (within 90 days of being informed of the decision), and then to the Tax Court of Canada (EI Act, s. 103). Tax Court decisions can be appealed to the Federal Court of Appeal under s. 27 of the Federal Court Act, R.S.C. 1985, c. F-7.

Workers with insurable earnings below \$2,000 will have their premiums refunded.

As of January 1, 2010, the current ceiling for the maximum insurable earnings is \$43,200 per year, thereby increasing the maximum weekly benefit to \$457. Always check Service Canada's "Employment Insurance Regular Benefits" website to ensure that this information is up-to-date: www.servicecanada.gc.ca/eng/sc/ei/benefits/regular.shtml.

B. Qualifying Period

1. General

To qualify for EI benefits, a claimant must have paid premiums for a specific period of time. This period is determined by several factors that are explained below. Prior to 1997, the premium period was calculated based on the number of weeks of employment, but now it is based on **hours** of insurable employment. The required number of hours of insurable employment must be accumulated during the claimant's "qualifying period". The definition of qualifying period is set out in s. 8(1) of the EI Act. This is usually the shorter of either:

- a) the 52 weeks immediately before benefit period commences under s. 10(1); or
- b) the period between the beginning of a prior claim and the beginning of the present one.

2. Extensions of the Qualifying Period

The qualifying period may be extended (i.e. the Commission will look further back in time) up to a maximum of 104 weeks, as set out in ss. 8(2)(a)-(d). It may be extended if the claimant can prove that he or she was unable to work during any of the weeks of the qualifying period because of:

- a) illness, injury, quarantine, or pregnancy;
- b) confinement in any jail or penitentiary;
- c) attendance in a course which he or she was referred to by HRDC; or
- d) the claimant has left the job due to hazardous work or working conditions. This covers situations where the claimant has ceased to work because to continue would have entailed danger to the worker, the worker's unborn child, or a child whom the worker is breast-feeding.

NOTE: The extension under (d) is limited to situations where a worker would receive payments under provincial law. Many provinces, including B.C., do not yet provide for such payments. Consequently, B.C. workers cannot use (d) as a ground to extend the qualifying period.

Section 8(3) allows the Commission to extend the qualifying period for persons who were receiving compensation arising from the "complete severance" of a previous employment relationship during the benefit period (e.g. severance pay paid following dismissal).

The benefit period can be further extended under s. 8(4) where a claimant can prove that for any week during the extension period, he or she was not entitled to benefit, again for any reason stated in s. 8(2) or (3) as the case may be. However, the absolute **maximum extension** of a qualifying period is **104 weeks** (two years). After 104 weeks, no extensions can be made to the claimant's qualifying period.

NOTE: The qualifying period can never be extended to include a period of time prior to the filing of a previous claim. In other words, the same insurable hours can never be used for two separate claims.

C. Minimum Hours of Employment Required

1. Types of Claimants (As Defined By the EI Act)

Claimants are classified differently depending on their prior "attachment" to the labour market. Major attachment claimants will be able to receive special benefits (See **Section VI: Types of Benefits**).

a) Major Attachment Claimants

A major attachment claimant is defined in s. 6(1) as a claimant who qualifies to receive benefits and who has 600 or more hours of insurable employment in their qualifying period. The required Insurable Employment hours is a flat rate and not determined by any tables.

Major attachment claimants are eligible for all types of "special" benefits (e.g. pregnancy, parental, and sickness).

b) *Minor Attachment Claimants*

A minor attachment claimant is defined in s. 6(1) as a claimant who qualifies to receive benefits and has fewer than 600 hours of insurable employment in their qualifying period. The required hours of insurable employment are set out in the **s. 7 Table**, below.

Minor attachment claimants receive fewer weeks of benefits and cannot receive most special benefits.

c) *New Entrants or Re-entrants*

A new entrant, or re-entrant, is defined in s. 7 as a person who, in the last 52 weeks before the qualifying period, had less than 490 of the following units of qualifying time:

- a) hours of insurable employment;
- b) hours for which benefits have been paid or were payable to the person calculated on the basis of 35 hours for each week of benefits;
- c) prescribed hours that relate to employment in the labour force; or
- d) hours comprised of any combination of those hours.

A new entrant, or re-entrant requires 910 hours of insurable employment in their qualifying period, regardless of the rate of unemployment in their region, which qualifies them to be major attachment claimants.

NOTE: Under Bill C-2, subsection (4.1) was added to s. 7 of the EI Act. This amendment means that parents just returning to the workforce who received one or more weeks of special benefits (see **Section VI: Types of Benefits**) in the previous five years are not classified as new entrants or re-entrants. They can qualify for benefits with the same number of hours as regular attached workers.

2. Hours Required

All new entrant or re-entrant claimants must accumulate **910 hours** of insurable employment during their qualifying period, which entitles them to be major attachment claimants. Regional tables of unemployment are not relevant to the 910 hour requirement.

For (non re-entrant) major, or minor attachment claimants to receive the regular benefits, they must meet their **s. 7 Table** requirements during the qualifying period.

The number of hours required to qualify for benefits is based on the unemployment rate of the region in which the claimant lives. HRDC relies on Statistics Canada's Labour Force Survey and its "seasonally adjusted average unemployment rate". Note that several features of the Labour Force survey make the official unemployment rate appear much lower than it actually is. The current rate of unemployment for each region can be found at: www.hrsdc.gc.ca/eng/employment/ei/economic_regions/index.shtml.

EI Act, s. 7 Table

Regional Rate Of Unemployment	Required Number of Hours of Insurable Employment in the Qualifying Period
6.0% and under	700
over 6.0% to 7.0%	665
over 7.0% to 8.0%	630
over 8.0% to 9.0%	595
over 9.0% to 10.0%	560
over 10.0% to 11.0%	525
over 11.0% to 12.0%	490
over 12.0% to 13.0%	455
over 13.0%	420

For EI purposes, British Columbia is divided into six regions:

- a) Southern Interior consisting of Thompson-Nicola, Columbia-Shuswap, Okanagan and Kootenays Regional Districts;
- b) Southern Coastal British Columbia, consisting of Comox-Strathcona, Powell River, Squamish-Lillooet, Fraser Valley, Sunshine Coast, Nanaimo, Alberni-Clayoquot, Cowichan Valley and Capital Regional Districts;
- c) Abbotsford, consisting of Mission and Abbotsford;
- d) Vancouver, consisting of Greater Vancouver, West Vancouver, North Vancouver, Richmond, Surrey, Delta, Burnaby, Langley, Maple Ridge, Coquitlam, Pitt Meadows and New Westminster;
- e) Victoria, including Saanich, Metchosin, Oak Bay, Sooke and Esquimalt; and
- f) Northern British Columbia.

For more details on the regions, refer to the EI Regulations, Schedule I, s. 7. The monthly seasonally adjusted regional rate is available from Statistics Canada online at www.statcan.gc.ca/pub/71-001-x/2009005/t018-eng.htm.

NOTE: Bear in mind that a claimant who does not qualify at the time of his or her application may subsequently qualify if the regional unemployment rate should rise into a higher category. However, the converse does not apply. That is, once a claimant meets the requirements, he or she will not be cut off if the rate subsequently goes down.

NOTE: The number of hours that an insured person (other than a new or re-entrant to the labour force) requires under s. 7 to qualify for benefits is increased to the number shown under s. 7.1(1) if one or more violations has occurred in the 260 week period prior to the initial claim (see **Section IX: Keeping Out of Trouble**).

D. Interruption of Earnings

To establish a claim, the worker must have an “interruption of earnings” during the qualifying period. An interruption of earnings is defined as:

Seven or more consecutive days during which the employee performs no work and for which the employee will **receive no earnings**. (EI Regulations, s.14)

Layoff, the end of a contract, dismissal, voluntary departure, maternity, illness, adoption, and retirement can all be causes of an interruption of earnings. It must have occurred in the past 52 weeks for the claimant to be eligible for benefits

A substantial reduction in the hours of work (for example, from full time to one day a week or less) does **not** meet this definition. Consequently, a worker whose hours are drastically reduced cannot establish a claim unless he or she has a full week of unemployment. The only exception is for special benefits: sickness, quarantine, pregnancy, and parental leave (see s. 14(2) of the [EI Regulations](#)).

The recent case of *Attorney General of Canada v. Susan Perry*, 2006 FCA 258 reveals a restrictive concept as to what constitutes an interruption of earnings. The claimant was employed by her daughter to provide childcare and continued to do so without pay when her daughter's funding ended. The court found that the required "interruption of earnings" had not occurred, rendering her ineligible.

1. Weeks of Unemployment

"Week of unemployment" is defined in s. 11(1) of the [EI Act](#). This definition is important for the purposes of establishing when an "interruption of earnings" occurred.

- Subsection (2): a week during which a claimant's contract of service continues and in respect of which he or she receives, or will receive, usual remuneration for a full working week, does not constitute a week of unemployment, even if the claimant actually performs no work during that time.
- Subsection (3): where an employee agrees with the employer to take a period of leave from employment, but continues to be an employee during that period, and receives remuneration that was set aside during a period of work (i.e. vacation pay), any week or part of a week during such a period of leave is not a week of unemployment, regardless of when the remuneration was paid.
- Subsection (4): where an insured person regularly works a greater number of hours, days, or shifts than are normally worked by persons in full time employment, and pursuant to an agreement to which the employer is therefore entitled to a period of leave, the weeks falling in the period of leave are not considered to be weeks of unemployment.

E. Record of Employment

An employer must provide an employee with a Record of Employment (a ROE) within five days of lay-off or other termination; many employers do not follow the rules and take longer. The ROE contains information important to the EI claim. It sets out the first and last dates of work, the total hours worked and the total earnings, which are used to determine the amount of benefits payable and it also sets out the reason for separation. If it says that the claimant quit or was fired, the Commission must investigate the reasons. Depending on the conclusions of the Commission, the claimant may be disqualified from all regular benefits (see **Section V.D: Effect of Earnings**).

NOTE: It is important that claimants who have worked more than one job during the qualifying period retain the ROEs from each employer.

The employer can now file an ROE online; however, they still must give the worker a copy. If the ROE has not been filed online, the worker should file it with the Commission as soon as possible after applying for benefits. The "ROE Web" program enables employers to complete Records of Employment online. See www.servicecanada.gc.ca/eng/ei/employers/roe_web.shtml.

If the claimant disagrees with statements in the ROE, he or she can ask the employer to correct them. The claimant should also bring the errors to the Commission's attention at the time of application.

F. Filing an Application

Applications should be filed during the first full week of unemployment (see **Appendix A: Checklist for Initial Application for EI Applications**). However, as a matter of policy, applications will be automatically “antedated” (see **Section IV.B: Antedating**) for up to three weeks. If the claimant delays longer than this, he or she will lose benefits unless he or she is able to show “good cause” for the delay. Because of this, if a claimant cannot get a ROE immediately, he or she should go to the nearest Canada Employment and Immigration Commission office and complete an application. It is not necessary to wait for a ROE if the employer fails to provide one. The Commission will contact the employer if the record is not completed on time. If necessary, a claimant may prove his or her employment history and insurable earnings by filing an application supported by pay slips and cheque stubs, etc.

NOTE: Applications may be filed online through the HRDC web site. Applicants filing online must still submit their ROE(s) by mail or in person. If the claimant’s ROE has a “W” or “S” serial number, his or her employer has provided ROE electronically to the local office and the claimant is not required to submit the paper copy. Claimants may review and edit their claim information online by using the “My EI Information on-line” service provided by HRDC.

For general information about filing an application and about the EI system visit: www.hrsdc.gc.ca/en/ei/menu/eihome.shtml.

IV. THE BENEFIT PERIOD

A. Introduction

When a claim is established, the claimant’s “benefit period” will begin. Under s. 10(1) of the EI Act, the benefit period begins on the Sunday at the beginning of the week in which the interruption of earnings occurs, or on the Sunday of the week in which the initial claim for benefit is made, whichever is later, though this is subject to antedating. Benefits will only be paid during the benefit period.

B. Antedating

If an application for EI benefits was not filed within the first four weeks after the claimant’s last day of work, under s. 10(4) he or she can ask that the claim be antedated back to the first date when it could have been filed. The claimant must establish that good cause existed for the delay in filing. “Good cause” must be demonstrated for each day until the date of application was actually made. Furthermore, claimants must also show that they met all the normal conditions for availability (see **Section VII.A: Capable and Available**, below). If the claim is filed within the first four weeks, it is automatically antedated to the first date of eligibility.

What is “Good Cause”? Good cause has been interpreted narrowly. In one case, the applicant was in hospital and the Commission denied his application for antedating on the grounds that his wife should have made the claim on his behalf. Simple ignorance of the requirements of the EI Act is not considered good cause. However, ignorance of the law due to receiving bad advice may be good cause if it was reasonable for the claimant to have relied on that advice. Usually, this requires that the advice come from the employer, the union, a legal advisor, or the Commission itself.

C. Income That Delays a Claim

Section 35(2) of the EI Regulations defines earnings for the purpose of determining whether an interruption of earnings has occurred and all other purposes related to payment of benefits.

Income that counts as “earnings” and will consequently delay the start of a claim includes, but is not limited to:

- a) severance pay;
- b) retirement payments and retirement leave credits or payments in lieu;
- c) most bonuses and gratuities;
- d) wages in lieu of notice; and
- e) vacation pay.

Income regarded as earnings is “allocated” pursuant to s. 36 of the EI Regulations. This is usually done at the claimant’s regular weekly rate of pay. Such allocation will delay the start of benefits by the number of weeks the earnings can be allocated to. For example, if a person normally earns \$500 per week, and receives \$1000 severance pay, their claim will be delayed for 2 weeks after they stop work. This is because it will notionally take two weeks to “use up” the \$1000, as the claimant usually makes this amount in two weeks.

Though the claimant will need to wait until the money is used up before being eligible to receive benefits, he or she **must still apply for EI immediately**. The benefit period will be extended to make up for the weeks it takes to use up these earnings.

D. Income That May Not Delay a Claim

Section 35(7) exempts certain sources of income from being regarded as earnings.

Recent cases suggest that in certain circumstances some earnings **may not** delay the start of an EI claim. In *Attorney General of Canada v. Doreen Myers*, 2006 FCA 57 the court found that the claimant’s vacation pay did not delay the start of a claim because it was not a payment made by reason of a separation, thus allowing benefits to be received earlier, and possibly at a higher rate.

The case of *Attorney General of Canada v. Alexander Hamilton*, 2007 FCA 104 suggests that a money payment that is made in order to compensate an employee for not pursuing remedies for wrongful dismissal is not earnings and will therefore not delay the start of benefits.

See also the case of *Attorney General of Canada v. Bielich*, 2005 FCA 363. In this case the court allowed a \$24,000 payment to be exempted from the claimant’s allocation of earnings because the purpose of the payment was to compensate the claimant for giving up his right to seek reinstatement, not to compensate for lost pay.

Income that **does not** count as earnings and will **not** delay the start of the claim includes:

- a) disability pensions; and
- b) permanent settlement Workers’ Compensation payments.

NOTE: A retirement pension will not delay the start of a claim. However, it does constitute earnings, and will reduce the benefits payable until the pensioner has worked long enough to re-qualify for EI **after** the pension commences. From that point on, it is not regarded as income.

E. The Waiting Period

Before receiving any EI benefits, a claimant must serve a two-week “waiting period” during which he or she is unemployed and otherwise eligible for benefits. These two weeks constitute the first two weeks of the benefit period.

This waiting period also applies to pregnancy, parental, and sickness claims. If a claimant works during the waiting period, 100 percent of his or her earnings will be deducted from the first three (and no more than three) weekly benefit cheques.

F. Extension of Benefit Period

Sometimes, the benefit period can be extended. The criteria for this is set out in s. 10(10) of the EI Act. The benefit period can be extended when a claimant proves that for any week during that benefit period the claimant was not entitled to benefit by reason of:

- a) being confined in any jail, penitentiary, or other similar institution;
- b) receiving earnings paid by reason of the complete severance of the relationship between the claimant and the claimant's former employer (i.e. "using up" severance pay, vacation pay, etc.);
- c) receiving Workers' Compensation payments for a total disability; or
- d) receiving payments under a provincial law on the basis of having ceased to work because continuing to work would have entailed danger to the claimant, the claimant's unborn child, or a child the claimant is breast-feeding.

The benefit period can be further extended under s. 10(11) where a claimant can prove that for any week during the extension period, he or she was not entitled to benefit, again for any reason stated in s. 10(10).

The length of any benefit period extended for these reasons cannot exceed two years or 104 weeks (ELAct, s. 10(12)).

A benefit period can also be extended if the **Commission** refers the claimant to a training course under s. 25. In that case, the benefit period can be extended to six weeks after the course is over, to a maximum of three years or 156 weeks.

G. Termination of Benefit Period

While a benefit period is normally 52 weeks long, the maximum number of weeks for which benefits may be payable will vary in each case depending upon the individual claimant's entitlement (see **Section VI: Types of Benefits**). Once a benefit period is established, it continues to run notwithstanding that the claimant may have returned to work (though full benefits will not actually be paid in this case), unless the benefit period is terminated.

Section 10(8) states that a benefit period terminates when:

1. no further benefits are payable to the claimant in his or her benefit period;
2. the benefit period would otherwise end under this section;
3. 50 weeks of benefits have been paid to the claimant in the benefit period (See Schedule I of the ELAct).

NOTE: **Beginning September 11, 2010, this number will change back to 45 weeks of benefits.** If possible, start any new claims before this date, as this may entitle the claimant to five more weeks of benefits than claims made after this date.

4. the claimant:
 - a) asks that the benefit period end;

- b) makes a new initial claim for benefit; and
- c) qualifies to receive benefit under this part of the EI Act.

NOTE: The way benefit rates are calculated under the EI Act can make the timing of the decision to end one claim and start a new one crucial. Therefore, it may be better for a claimant to terminate an existing benefit period prior to its expiration and establish a new one, in order to use working periods during the benefit period that may improve his or her benefit rate or attachment.

V. QUANTIFYING BENEFITS

A. *Benefit Rate*

The benefit rate is set out in s. 14 of the EI Act. It is:

- 55 percent of the worker’s average weekly insurable earnings, including the weeks of only part-time employment; and
- If (1) the claimant or the spouse of the claimant has dependants and (2) the benefit rate of 55 percent amounts to less than \$225 a week or the family income is less than \$25,921, then the claimant may also be entitled to a family supplement. These benefits are unaffected by the new reduction rule outlined below (see s.15(1.1)).

As of January 1, 2009, the current ceiling for the maximum insurable earnings is \$42,300 per year, thereby increasing the maximum weekly benefit to \$447. Always check Service Canada’s “Employment Insurance Regular Benefits” webpage to ensure this information is up-to-date at www.servicecanada.gc.ca/eng/sc/ei/benefits/regular.shtml.

B. *The Rate Calculation Period*

The rate calculation period is used to determine the amount of benefits to be paid to a qualified claimant. It normally includes a maximum of 26 consecutive weeks ending at some point prior to a claimant’s interruption of earnings. Under s. 14(2), a claimant’s weekly insurable earnings are the insurable earnings in the rate calculation period, divided by the **larger** of the following divisors (divisors are discussed below):

1. the divisor that equals the number of weeks during the rate calculation period in which the claimant had insurable earnings; or
2. the divisor determined in accordance with the *s. 14(2) Table*, below.

It may be advantageous to extend the rate calculation period. The following weeks can be added to the 26-week maximum:

1. weeks during which a claimant received Workers’ Compensation Board payments;
2. a maximum of 3 weeks covered by earnings received during the waiting period;
3. weeks of strike or lockout;
4. weeks receiving EI benefits;
5. weeks of the waiting period; and

6. weeks in which the claimant was disqualified due to misconduct, having voluntarily left a job or turned down a job.

On the other hand, a claimant with only the minimum number of weeks with insurable employment in the period will receive considerably less than 55 percent of his or her average earnings, since, as noted below, the divisor will be two more than the minimum number of weeks required to start a claim. Also, under the former legislation, the Unemployment Insurance Act, a week with less than 15 hours of work usually did not count at all, and therefore did not affect a claimant's average earnings and benefit rate. Under the EI Act, even a week with one hour of insurable employment is counted, thus reducing the average for the rate reduction period and hence the benefits.

C. The Divisor

The divisor is determined by taking the number of weeks representing the minimum number of hours required to qualify, and adding two. Under s. 14(2), a claimant's insurable earnings are then divided by the largest of the following:

- a) the divisor given in the *s. 14(2) Table*, below; or
- b) the number of weeks during which a claimant received insurable earnings in the rate calculation period.

Essentially, the divisor is a way of penalizing claimants who qualify with the minimum number of insured hours. The Variable Entrance Requirement (VER) in the Table, below, represents the number of insurable hours required to qualify, converted into 35 hour weeks (see s. 14(2)).

Section 14(2) Table (Modified from original, to show VER comparison.)

Regional Rate Of Unemployment	VER (Taken from the <i>s. 7 Table</i> , above)	DIVISOR
6.0% and under	20	22
Over 6.0% to 7.0%	19	21
Over 7.0% to 8.0%	18	20
Over 8.0% to 9.0%	17	19
Over 9.0% to 10.0%	16	18
Over 10.0% to 11.0%	15	17
Over 11.0% to 12.0%	14	16
Over 12.0% to 13.0%	13	15
Over 13.0%	12	14

NOTE: The divisor rule may affect more people in the economic crisis, since they may have experienced sporadic layoffs during the 6 months prior to their job ending entirely.

D. Effect of Earnings

The benefit payable to a claimant may be reduced if the claimant has "earnings" during the benefit period. It may be possible both to work and receive EI benefits at the same time, but all income must be reported on the report cards.

1. Earnings During Benefit Period Other Than During Waiting Period

Under s. 19(2), if a claimant receives more than \$200 in weekly benefits, he or she may earn up to 25 percent of the weekly benefits without having those benefits reduced. A claimant

who receives less than \$200 may earn up to \$50. Any earnings in excess of these portions of claimants' weekly benefits are deducted from the weekly benefits.

Whenever the claimant has worked a full working week, or his or her salary is more than 125 percent of the benefit rate, benefits will be cut off entirely for that week. If a claimant is found to have committed fraud or misrepresentation, he or she loses all right to excluded earnings, even for weeks in which the claimant was eligible. Every dollar earned will be deducted from benefits.

2. Earnings During the Waiting Period

All earnings during the waiting period are deducted dollar for dollar from the benefits payable in respect of the first three weeks for which benefits are otherwise payable. There is thus little incentive to work during the waiting period.

3. Earning of Sick Claimants

In contrast to regular claimants, **all** "earnings" are deducted, dollar for dollar, for claimants receiving sickness benefits – whether they are earned during the waiting period or afterward. (s. 21(3)).

4. Earnings of Parental Claimants

Claimants receiving parental benefits can earn the greater of \$50 or 25 percent of their weekly parental benefits, without a deduction from their benefits (i.e. similar to claimants receiving regular benefits). This came into force under Bill C-32 in December 31, 2000.

5. Earnings of Sick or Pregnant Claimants under Supplemental Employment Benefit Plans

Amounts paid to the claimant during periods of illness or pregnancy under an approved Supplemental Employment Benefit plan will not be deducted from EI benefits. These plans allow the employer to "top up" the regular EI benefits without reductions.

Supplemental Employment Benefit plans are designed to help employers retain and provide for employees in seasonal industries, or industries that experience hiring and layoff "surges". These plans are authorized under s. 37 of the EI Regulations. Individual Supplemental Employment Benefit plans must be approved by the Commission, which ensures that they meet the requirements of s. 37(2).

An employee normally benefits from these plans while drawing EI benefits. If the worker is ineligible for EI, he or she may still qualify for Supplemental Employment Benefits that do not count as earnings for the purpose of determining waiting periods.

VI. TYPES OF BENEFITS

A. *Regular Benefits*

Regular EI benefits are payable during the benefit period to a claimant who:

- has had the requisite number of hours of insurable earnings during the qualifying period;
- has had an interruption of earnings from employment;

- is capable of, and available for, work; and
- is unable to find suitable employment.

The maximum number of weeks of regular benefits available to a claimant varies according to the claimant's hours of insurable employment in the qualifying period, and the regional rate of unemployment. See Schedule I, s. 12(2) of the EI Act.

B. Special Benefits

This category includes sickness, compassionate care, pregnancy, and parental benefits (s. 12(3)). More than one type of special benefit can be claimed within one benefit period, up to a maximum of 50 weeks (s. 12(5)). Similarly, special and regular benefits claims can be combined. However, s. 12(6) sets out the maximum for such a combination. If the combination of regular and special benefits adds up to 50 or more weeks of benefits, the total number of weeks that a claimant is entitled to shall not exceed the number of weeks of regular benefits that he or she is entitled to, or the maximum benefit entitlement, whichever is greater. If the combination adds up to 50 or fewer weeks, the claimant may receive more than the number of weeks he or she is entitled to under special benefits, but not more than 50 weeks in total.

A claimant can receive up to a maximum of 65 weeks of combined sickness, maternity, and parental benefits, and to extend the benefit period beyond the usual 52 weeks while these benefits are being received. The amendments that set out the conditions for these extensions require that claimants have:

- not been paid regular benefits;
- been paid sickness, maternity, and parental benefits; and
- been paid less than the maximum of 15 weeks of sickness benefits or less than 35 weeks of parental benefits.

C. Sickness Benefits

1. Entitlement

To qualify for sickness benefits, the claimant must be able to prove that he or she is unable to work due to illness, injury, or quarantine, which normally requires that the claimant obtain a medical certificate. The illness, injury, or quarantine must be that of the claimant personally, not a child or other family member.

a) Major Attachment Claimant

Up to 15 weeks of sickness benefits are payable to a claimant who is incapable of work due to a prescribed illness, injury, or quarantine (s. 12(3)). Major attachment claimants can receive sickness benefits even if the illness is the reason for ceasing work.

b) Minor Attachment Claimant

A minor attachment claimant may qualify for up to 15 weeks of sickness benefits where the illness arose **after the termination of employment**. This is where the minor attachment claimant did not suffer an interruption of earnings due to illness, but whose illness arose after the interruption (s. 21(1)). If, due to the illness, the

claimant cannot accept work, the claimant may be entitled to receive sickness benefits.

If a minor attachment claimant loses his or her job because of the illness or injury, the claimant will be eligible for regular benefits once recovered and capable of accepting suitable employment, notwithstanding that he or she was ineligible for sickness benefits. In some cases, a claimant who loses previous employment – due to injury for example – may not immediately qualify for regular benefits if he or she is capable of performing other jobs and is actively seeking such employment.

2. Sickness Benefit Rate

The sickness benefit rate is the same as the regular benefit rate and is subject to reduction due to “earnings”, which are allocated to weeks of sickness. In contrast to regular claimants, all “earnings” are deducted (s. 21(3)). See **Section V.D: Effect of Earnings**, above.

Since paid sick leave benefits are regarded as earnings, they are deducted from EI benefits payable. An employee who receives paid sick leave has not suffered an interruption of earnings and therefore is not eligible to establish a claim.

3. Prescribed Illness, Injury or Quarantine

Sickness benefits are only available for a “prescribed illness, injury or quarantine that renders a claimant incapable of performing the functions of his or her regular or usual employment or other suitable employment” (s. 40(4)). The onus is on the claimant to prove entitlement. A medical certificate is usually required, and the Commission may also require a claimant to undergo a medical examination at their direction pursuant to s. 40(2) of the EI Regulations. In those situations the Commission must pay travel and other expenses for the examination.

For the purpose s. 40 of the EI Regulations, there are some instances in which mental illness will be treated as a valid sickness.

D. Compassionate Care Benefits

Compassionate Care Benefits may be paid up to a maximum of six weeks to a claimant who has to be absent from work to provide care or support to a gravely ill family member or a person who considers the claimant to be like a family member and is at risk of dying within 26 weeks. Unemployed persons on EI can also apply for this type of benefit.

To be eligible for Compassionate Care Benefits a claimant must apply and show that:

- his or her regular weekly earnings from work have decreased by more than 40 percent; or
- he or she had an interruption of earnings; and
- he or she has accumulated 600 insured hours in the last 52 weeks or since the start of his or her last claim.

The EI Act's expanded definition of “family member” includes a claimant's:

- own child or the child of the spouse or common-law partner;
- wife/husband or common-law partner;
- father/mother or father's wife/mother's husband, if parent is remarried;

- common-law partner of father/mother, if there has been no remarriage;
- other relatives; and
- a gravely ill person who considers the claimant to be like a family member.

NOTE: Please refer to the HRSDC web site for a comprehensive list of persons included under the term “family member”: www.hrsdc.gc.ca/en/ei/types/compassionatecare.shtml#Who.

To establish a claim for compassionate care benefits in order to care for a gravely ill person who considers you to be like a family member, a signed “Compassionate Care Benefits Attestation” form must be obtained from the gravely ill person or their representative.

A claimant will need to provide a medical certificate that indicates that the family member or friend is gravely ill with a significant risk of death within 26 weeks. The benefits will be given regardless of where the family member lives but a claimant will need to meet the same conditions that would apply if that ill person was in Canada.

E. Pregnancy Benefits

Like sickness benefits, pregnancy and parental benefits can be distinguished from regular EI benefits, because they are paid even though the applicant is not available for work. Pregnancy benefits are paid to an expectant or newly delivered mother. A mother can be entitled to both pregnancy benefits and parental benefits.

1. Entitlement

A claimant for pregnancy benefits must:

- a) be a major attachment claimant;
- b) prove her pregnancy. This entails furnishing a certificate completed by a physician that sets out the expected date of birth, or providing such other evidence as the Commission may require (s. 18(1));
- c) claim pregnancy benefits at any time during the 10 weeks before the expected delivery date, or at the latest, during the week the baby is born, if the claimant wants to qualify for the full 15 weeks of benefits. If the claimant is already on EI, the claim must be made during the eight weeks before the delivery;
- d) report the date of birth of the child on the report card for that week; and
- e) have an interruption of earnings.

NOTE: A pregnancy that is terminated within the first 19 weeks is an illness defined in s. 40(5) of the EI Regulations, and not a confinement. It would seem that this does not violate s. 15 of the Canadian Charter of Rights and Freedoms.

2. Benefit Period and Duration

Benefits can only be paid for a maximum of 15 consecutive weeks during the period that starts no more than eight weeks before the week when the claimant’s “confinement” (the period the mother is giving birth and is in the hospital for this reason) is expected or before the week when her confinement actually occurs, whichever is earliest.

Benefit ends 17 weeks after the week that her confinement is expected (or the week that her confinement occurs, whichever is earlier). As with claims for regular benefits, there is a two-week waiting period after the claim is made before benefits become payable.

3. Pregnancy Benefit Rate

The pregnancy benefit rate is the same as the regular benefit rate. All earnings received from other sources reduce benefits. However, no proof of availability is necessary. Money received under an employer's sickness or maternity plan, other than a SUB plan, is regarded as earnings, and will be deducted. For a comprehensive list of what is and is not, regarded as earnings, see s. 35 of the [EI Regulations](#). See also **Section V.D: Effect of Earnings**, above.

4. When to File a Claim for Pregnancy Benefits

Since pregnancy benefits are not payable earlier than eight weeks before the expected date of delivery, a woman who wishes to receive benefits from this early date should, due to the waiting period, go on leave, or terminate her employment (if that is her choice) and make her claim 10 weeks before the expected date of delivery. The two-week waiting period would then be served, and benefits would be payable for 15 consecutive weeks commencing on the eighth week before the expected week of delivery.

Alternatively, a woman may wish to work up until the week of birth, and then make her claim. The two-week waiting period would then be served and benefits would be payable for 15 consecutive weeks beginning with the third week after the date of birth. If a pregnant worker becomes too ill to work prior to the birth, she should make a "sickness" claim, until she becomes eligible for pregnancy benefits.

NOTE: Whenever a client wishes to make her claim, she should know that pregnancy benefits are payable for a maximum of 15 consecutive weeks, and the latest week during which pregnancy benefits are payable is the 17th week after the week in which her delivery occurs (s. 22(2)(b)(ii)). Thus, if the claim is made later than the week in which delivery occurs, the claimant may not receive the full 15 weeks benefits to which she would otherwise be entitled.

The [EI Act](#) limits the number of weeks of sickness, pregnancy, and parental benefits that can be paid in any one claim to 50 weeks. Thus, if the claimant has an existing claim and has already received sickness benefits, she may not be eligible for the maximum number of weeks of pregnancy and parental benefits. Voluntary termination of the old benefit period and establishment of a new claim, if possible, may help in this situation.

5. Availability of Regular Benefits on Termination of Maternity Benefits

A maternity pregnancy claimant may be entitled to regular benefits when her maternity benefits terminate, but she must be "capable of and available for work and unable to find suitable employment" in the same way as any other regular claimant. For example, she must prove that she has set up childcare arrangements so that she will be able to work immediately if a job is offered to her.

The claimant would also need to show that she is unable to return to her previous job because of a lack of positions, or that her previous job was unsuitable for her in her current conditions (i.e. a nursing mother being exposed to toxic fumes or other similar health hazards).

F. Parental Benefits

Under s. 23, a new adoptive or natural parent (male or female) can remain at home to care for a new child and receive parental benefits for a maximum of 35 weeks. This benefit can be received in addition to the pregnancy benefit. The parents can share the weeks they receive these benefits, as long as the total does not exceed the maximum of 35, and so long as they are both major attachment claimants (EI Act, s.12). A Board of Referees in Ottawa recently held that if more than one child is born or adopted at the same time (e.g. twins), there is a 35-week period for each child. However, it's unlikely that this decision will survive the Commission's appeal.

Each parent is entitled to 55 percent of his or her average insurable earnings based on the rate calculation period and the divisor. To qualify, an adoptive parent must be a major attachment claimant, have an interruption of earnings, and have custody of the adopted child.

Parental benefits must be claimed during the period between the week the child arrives home and the 52 weeks following this date. In contrast to pregnancy benefits, parental benefits do not need to be claimed for consecutive weeks. Indeed, a new parent may find it desirable to "save" some weeks of parental benefits for the later months of the claim, in case the baby (or the parent) develops health problems. Bill C-32 repealed s. 23(3), and allows parents to earn the greater of \$50 or 25 percent of their weekly parental benefits without having it deducted.

For a case dealing with the constitutional jurisdiction over parental benefits see *Reference re Employment Insurance Act (Can.) ss. 22 and 23*, 2005 SCC 56. It considered whether the federal government has the authority to provide pregnancy and parental benefits as part of its jurisdiction over "unemployment insurance". The SCC reversed the Quebec Court of Appeals' ruling, holding that the federal government does have jurisdiction to create such benefits as they are tied to unemployment.

G. Provisions for Low Income Families

For claimants with children and low family incomes, there is a family supplement that could raise their benefit rate to a maximum of 80 percent. Low-income families are defined as those with a combined annual income of less than \$25,921. Under s. 16, if the claimants meet the criteria, one parent may be entitled to receive the family supplement. To determine eligibility, s. 16(2) states that eligibility for the Child Tax Credit will be used. This links eligibility to fluctuations in the rate of inflation. Section 34 of the EI Regulations provides a more detailed breakdown of eligibility and benefits.

H. Training Benefits

The EI budget includes discretionary funding for retraining. A claimant can apply to the Commission for an extension of benefits to improve his or her employability. The claimant's benefits can be extended, at the Commission's discretion, for the duration of the course plus three weeks, for a maximum total of three years. The Commission has discretion to approve funding for benefits during training, and decisions on this matter cannot be appealed (EI Act, s. 25(2)).

VII. BENEFIT ENTITLEMENT

Once a claim is established, the basic requirement for receiving weekly benefits is that the claimant be "capable of and available for work and unable to obtain suitable employment". To prove this in the event of a dispute, the claimant should keep a "job search record" (see **Section IX.A: Job Search Record**, below).

A. Capable and Available

A claimant will be disentitled if the Commission has evidence (often supplied inadvertently by the claimant) to show that the claimant was not capable and available for work during a given period. For

example, if a claimant volunteers the fact that he or she is only applying for jobs paying \$20 per hour or more, the Commission could disentitle the claimant if there are few if any such jobs for which the claimant would be suitable. For an example of how unforeseen events can affect availability, see *Canada (Attorney General) v. Leblanc*, 2010 FCA 60. In this case, a desire to work was insufficient to establish availability because the claimant lacked proper clothing and a means to get to work as the result of a house fire.

1. **Vacation and Travel**

A claimant cannot collect benefits for times he or she is on vacation, as he or she must be ready for work to collect benefits. However, he or she can collect up to the day he or she leaves, and from the day he or she returns, if he or she becomes immediately available again. To avoid potentially onerous penalties, vacations – including short ones – **must** be properly recorded and reported.

The Customs Match program allows Human Resources Development Canada (HRDC) to match data from Canada Customs and Revenue Agency's Customs Declaration form to determine whether an EI claimant has been out of Canada without notifying HRDC. Under the EI Act, a claimant is **not entitled to receive EI benefits while not in Canada**, except under certain circumstances.

2. **Sickness**

A claimant may receive up to 15 weeks of sickness benefits where he or she can prove that he or she was “incapable of work by reason of prescribed illness, injury or quarantine on that day, and that they would otherwise be available for work” (s. 12(3)(c)). In theory, if the claimant is already receiving regular benefits from EI and is ill for even one day, that day must be recorded as a day on which he or she is not capable of or available for work, if that is indeed the case.

3. **Attending Courses**

A person attending a course full-time is usually considered only “available for work” as defined in s. 18 if he or she was referred to take that course by an authority designated by the Commission (s. 25(1)). Even if the course is part-time and improves the claimant's chances of finding employment, the claimant may still be disentitled because he or she is considered unavailable for work. In these circumstances a claimant may attempt to prove availability, if the course does not interfere with the job search and he or she would immediately be able to accept an offer of employment.

An appeal can and should be made to either the Board of Referees or the Umpire against a disentitlement due to taking an unauthorized course, although according to s. 25(2), the Commission's decision to refer a claimant to a course is not appealable under s. 114.

Persons attending full-time courses not approved by the Commission may still be entitled to EI benefits if they have established their eligibility by working part-time while attending classes and if they are still available for their previous hours of work on virtually no notice.

4. **Starting a Business**

Claimants who are trying to start a business are generally considered to be working full-time, regardless of whether they are receiving any income from the business. They are therefore not eligible for any benefits. The only escape for such claimants is to convince the Commission, or the Referees in an appeal, that the self-employment was so minor in extent that a person would not normally rely upon it as a principal means of livelihood.

5. Working Part-time

A claimant who worked part-time may qualify for full or partial benefits because he or she is allowed to earn \$50 or 25% of the benefit rate, whichever is greater, before EI benefits start to be deducted. If the claimant receives any benefits at all, the week counts toward the maximum number of weeks that can be paid under that claim. Thus, it may be in a claimant's interest not to claim benefits for a week in which only a small amount would be paid.

B. Suitable Employment

Though suitable employment is not defined, employment that is not suitable is defined under s. 27(2). Employment that is **not suitable** is:

- employment arising in consequence of a stoppage of work attributable to a labour dispute;
- employment in the claimant's usual occupation at a lower pay or with poorer working conditions than those usually observed in the trade by custom or by agreement; or
- employment outside the claimant's usual occupation either at a lower rate of earnings or with poorer working conditions (s. 27(2)(c)).

However, after a reasonable length of time, s. 27(2)(c) will cease to apply and the claimant must take employment in another field if working conditions are not poorer and if wages are as good as those usually found in the field (s. 27(3)).

1. Proof of Search for Suitable Employment

Section 50(8) of the EL Act requires that a claimant prove he or she is making "reasonable and customary" efforts to obtain suitable employment. Again, this emphasizes the importance of keeping a job search record, which the claimant should update daily.

2. Permissible Restrictions on Suitable Employment

The claimant must accept suitable employment and must not place unrealistic or unreasonable restrictions on the types of work he or she is looking for (ss. 27(2)(c) and 27(3)). The claimant is allowed a certain length of time to restrict the employment search to his or her previous occupation. The longer the claimant has worked in this occupation, the longer the claimant is entitled to restrict the search to such employment. However, the fewer the positions there are in such employment, the shorter the period will be.

After the lapse of a reasonable period – the length of which varies for different claimants – the claimant is expected to begin a broader search for employment by venturing into other fields or searching a larger geographical area, etc. The claimant must also be willing to lower his or her wage expectations. In effect, the definition of suitable employment expands as the duration of a claim increases.

The commission may cut off claimants after a short trial period if they move from an area which has many job opportunities to one where there are very few opportunities, unless the claimant's spouse has moved and the claimant must follow to keep the family together.

C. Disqualification

There are two categories of disqualification: s. 27(1) and s. 30(1). The effects of disqualification differ depending on what category the disqualification falls into.

Section 27(1) states that a claimant is disqualified from 7 to 12 weeks of benefits when, without good cause, he or she:

- refuses a suitable employment offer;
- refuses to apply for suitable employment when aware that a position is vacant or is becoming vacant;
- neglected to avail himself or herself of an opportunity for suitable employment;
- failed to attend an interview recommended by the Commission; or
- under s. 27(1.1), has failed to attend a course of instruction or training referred to by the Commission.

NOTE: In these cases the length of disqualification is appealable.

Section 30(1) states that a claimant is disqualified when he or she is fired due to his or her own misconduct or when he or she quits without just cause. However, s. 35 states that s. 30(1) does not operate when loss of employment is due to membership in a union, organization, or association.

The effect of a s. 30 disqualification is a cut-off of all regular benefits in a benefit period. Such a disqualification is imposed if the claimant has lost any job in the qualifying period for the reasons set out in s. 30, even if the claimant had other work before applying for EI (ss. 30(5) and (6)). Only if the claimant has worked enough hours since the disqualifying loss of employment to meet the hourly requirements to establish a claim will the disqualification not be imposed. For example, if a worker is employed in a job for five years, and gets fired for misconduct, the worker would be totally disqualified under s. 30 from all regular benefits. If the worker subsequently finds a second job, and gets laid off from that second job after 10 weeks, the total insurable employment would be calculated as the number of hours worked during those 10 weeks **after** the earlier s. 30 disqualification. The worker's previous five years of insurable employment would not count.

1. **Just Cause for Voluntarily Leaving Employment**

“Just cause” is defined under s. 29(c) as follows: “having regard to all the circumstances, the individual had no reasonable alternative to leaving the employment.” Where an employee had “just cause”, for leaving his or her employment, he or she will not be disqualified. The onus is on the Commission to show an absence of “just cause”. The Commission must show that leaving was voluntary and that the claimant took the initiative in severing the employer-employee relationship.

The Decisions of the Umpires provide examples of what is and is not considered voluntary. Once the facts have been established to show voluntary leaving, the onus then shifts to the claimant to show that he or she had just cause. When the evidence of the employee and the employer contradict one another, and the evidence is evenly balanced, s. 49(2) of the EI Act provides that the claimant shall receive the benefit of the doubt.

a) *Statute & Case Law*

Whether the employees had “just cause” for leaving his or her employment is decided with statutes and case law.

Sections 29(c)(i) – (xiv) provide a list of the circumstances that can constitute “just cause”. This list is **neither exhaustive nor conclusive**. In other words, circumstances not described in s. 29(c) can also be just cause if they satisfy the main

definition in s. 29(c). On the other hand, circumstances listed in s. 29(c)(i) – (xiv) will not be considered “just cause” if the conditions in s. 29(c) are not met (if, for example, the claimant had a reasonable alternative).

Under s. 29(c), just cause includes:

- i) sexual or other harassment;
- ii) obligations to accompany a spouse, common law partner, or dependent child to another residence;
- iii) discrimination on a prohibited ground of discrimination within the meaning of the Canadian Human Rights Act, R.S.C.; 1985, c. H-6;
- iv) working conditions that constitute a danger to health and safety;
- v) obligations to care for a child or member of the immediate family;
- vi) reasonable assurance of other employment in the immediate future;
- vii) significant modification of terms and conditions respecting wages or salary;
- viii) excessive overtime work or refusal to pay for overtime work;
- ix) significant change in work duties;
- x) antagonism with supervisor if the claimant is not primarily responsible for the antagonism;
- xi) employer’s practices that are contrary to law;
- xii) discrimination with regard to employment because of membership in an association, organization or union of workers;
- xiii) undue pressure by an employer on employees to leave employment; and
- xiv) such other reasonable circumstances as are prescribed.

Bill C-23 amended s. 29(c)(ii) by adding “common law partner”. The definition of “common law partner” has also been added to s. 2(1) and defined as a person who could be of the same sex “with whom the claimant has lived in a conjugal relationship for at least one year”.

To date, the only prescribed circumstance under s. 29(c)(xiv) is EI Regulations s. 51. This states that leaving employment when the employer is downsizing the business and the claimant’s decision preserves the employment of another worker does constitute just cause. This regulation reverses the decision of the Federal Court of Appeal in *Tanguay et al. v. Unemployment Insurance Commission* (1985), 10 C.C.E.L. 239 (F.C.A.), which is still quoted as the leading authority on the general meaning of just cause.

According to cases decided before Bill C-21 (1990) was introduced, and under the old Unemployment Insurance Act, for a claimant to prove just cause, he or she must show:

- a) a genuine grievance, or other acceptable reason for leaving the employment;

- b) proof of taking all reasonable steps to alleviate the grievance; and
- c) proof of a search for alternate employment before the termination, unless circumstances are so immediate that a proper search is impossible.

In *Canada v. Hernandez*, 2007 FCA 320 the claimant was disqualified for quitting his job after a public health nurse advised him that the silica dust which was a main material in the factory was carcinogen. The court decided he did not exhaust his alternatives because he should have asked the employer to change its business or find him a new job somewhere else.

There are thousands of decisions by the Umpires and Federal Court of Appeal addressing “just cause” issues that may help determine whether just cause existed (see **Section XIII.D: Umpire’s Decision is Final**). CUB 21681 (23 Sept. 1992) confirms that just cause may result from all of the circumstances together, although no single factor would be sufficient: “When the statute says ‘having regard to all the circumstances’, it imposes a consideration of the totality of the evidence.” Thus, if the claimant’s reason for leaving is not one of the enumerated factors under s. 29 but the claimant feels that they had no reasonable alternative to quitting or that they were fired without committing intentional misconduct, a case could still be made that the totality of the claimant’s circumstances gives rise to just cause.

b) *Importance of Evidence*

Students should stress to LSLAP clients that detailed evidence like records or diaries is exceptionally important in the determination of their claim. The employee should try to remember as many specific incidents, dates and times as he or she can. Though the older CUBs (Umpire decisions) may provide an indication of what “just cause” means, they are not determinative.

c) *Arguments to Distinguish Old Cases*

The following arguments may be made to distinguish your case from old CUBs in which the claimant lost (especially prior to the 1990 amendments, when the period of disqualification was only one to six weeks):

- a) the Commission, Referees and Umpires should be more lenient, since the consequences of not finding just cause, or of finding misconduct, are presently so serious;
- b) the new definition of “just cause” in the EI Act is somewhat similar to the formulation in old CUBs, but *not* identical. Even the changes in Bill C-113 (1993) from the original definition in C-21 (1990) suggest a broadening of the definition. For example, under C-21 the definition required that the claimant have no alternative to “immediately” leaving the employment. “Immediately” was subsequently deleted by C-113. This is also the approach taken in the new EI Act; and
- c) where the result of an old decision would lead to consequences that are unreasonable, or to an absurdity under the new EI Act, Parliament should not be taken to have so intended it. Consider, for example, a claimant who quits a temporary job two days before it would have ended anyway. It would be absurd to disqualify such a person from all benefits. (This situation is now provided for in s. 33 (enacted by C-17, effective 3 July 1994)).

d) *Returning to School*

The Federal Court of Appeal continues to find that voluntarily leaving one's employment to return to school, except for programs authorized by the EI Commission, does not constitute "just cause" and is a ground for disqualification from benefits under ss.29 and 30 of the EI Act.

In the case of *Attorney General of Canada v. Mattieu Lamonde*, 2006 FCA 44, the court held that the claimant should be disqualified from benefits because he took a year's leave from his full time job to attend school in another community, although he immediately found part time work when he arrived there.

Refer also to *Attorney General of Canada v. Melanie Gauthier*, 2006 FCA 40 and *Canada v. Cloutier*, 2007 FCA 161 and CUB 66126.

NOTE: While nothing in the legislation indicates that improving one's qualifications can never be just cause, the Court of Appeal continues to set aside decisions on this basis.

2. Misconduct

Section 30(1) states that a claimant is **disqualified** when he or she is fired due to his or her own misconduct.

a) *Determining Misconduct*

"Misconduct" is not defined in the EI Act, but previous decisions have stated that the word must be given its dictionary meaning. According to Black's Law Dictionary:

Misconduct occurs when conduct of employee evinces wilful or wanton disregard of [the] employer's interest, as in deliberate violations or disregard of standards of behaviour which employer has right to expect of his or her employees, or in carelessness or negligence of such degree or recurrence as to manifest wrongful intent or evil design.

The alleged misconduct must be the real or the actual and direct cause for the dismissal, not merely an excuse for it. An employer cannot invoke previously forgotten or forgiven incidents to justify a dismissal.

The onus of establishing a misconduct allegation rests on the party alleging it. So, the Commission or employer must prove positively the existence of misconduct and must prove the misconduct caused the loss of employment. Again, refer to the CUBs for examples of what constitutes misconduct justifying lawful dismissal.

b) *Dishonesty*

In its decision in *McKinley v. B.C. Tel*, [2001] S.C.R. 38, the Supreme Court of Canada held that an employee's dishonesty does not automatically constitute a blanket grounds for dismissal. Dishonesty is only grounds for dismissal "where the dishonesty violates an essential condition of the employment contract, breaches the faith inherent to the work relationship, or is fundamentally or directly inconsistent with the employee's obligations to his or her employer". This decision places a duty on the trial judge to determine whether the dismissal was warranted by the nature and degree of the dishonesty, or alternatively, whether lesser sanctions were

appropriate. It is likely that the same principle could be applied to EI appeals. For an example of a situation where dishonesty did not amount to just cause see *Fakbari v. Canada (Attorney General)*, A-732-95.

c) Theft

In the case of *Attorney General of Canada v. Linda Caul*, 2006 FCA 251, the court decided that theft is always misconduct, regardless of the claimant's state of mind.

d) Addiction

In *Mishibinijima v. Attorney General of Canada*, 2007 FCA 36, the court examined whether an addiction has the element of wilfulness necessary for a finding of misconduct. The court found that the applicant's evidence was too weak to support the claim that he was not acting wilfully. The court left open the possibility that with stronger evidence of compulsion due to addiction a claimant might succeed in rebutting misconduct.

See also *Attorney General of Canada v. Brent Pearson*, 2006 FCA 199, where despite his addiction the claimant was disqualified for misconduct. In that case, the employee knew that his absences were unacceptable and notwithstanding his employer's offers to help with the addiction the employee refused to take any such measures.

In *Canada v. McNamara*, 2007 FCA 107, the claimant was fired from his job because he failed a random drug test due to trace amounts of marijuana. The court declined to overturn the disqualification, despite the argument that such illegal, but decriminalized conduct as smoking a joint on the previous weekend could not amount to misconduct for EI purposes.

NOTE: A section 30(1) disqualification prevents a claimant from using any insurable hours earned prior to the employment being lost or left, even if they were earned at a different job.

NOTE: **Determinations of "just cause" and "misconduct" by the Commission can be appealed to the Board of Referees** and where disqualification is imposed, a client should be advised to appeal. Many claimants mistakenly believe that they are automatically disqualified from EI if they have been fired, however unfairly. Unfortunately, many such claimants do not apply for EI benefits at all, or if disqualified do not realize that they can challenge the employer's decision until their **30-day period to appeal** to the Referees expires. Unless they have made reasonable efforts to inquire about their rights, they will then not be entitled to antedate their claim, or to appeal the Commission's decision.

D. Disentitlement

Disentitlement means that the claimant is not eligible to receive benefits. This may be due to any of a number of reasons including:

- illness of a minor attachment claimant (s. 21(1));
- the claimant is an inmate of a prison or similar institution, except when on parole (s. 37(a));
- the claimant is absent from Canada, unless he or she falls within the category set out in s. 55 of the EI Regulations (s. 37(b));

- the claimant is pregnant, or has recently delivered a child, and is not eligible for maternity benefits, and is not claiming regular benefits; or
- loss of employment due to a labour dispute (i.e. either a strike or lockout (s. 36)).

However, the most common basis for disentitlement is that the claimant failed to prove that he or she is “capable of and available for work and unable to find suitable employment” (s. 18(a)). Students should ensure the claimant understands that he or she **must keep a job search record**.

Disentitlements can last indefinitely until the situation is remedied. Further, a disentitlement can be retroactive, which can lead to decisions of overpayment (see below). The EI Act places the onus on the claimant to prove entitlement on the balance of probabilities (s. 49). In cases where the evidence as a whole indicates that the claimant’s availability was doubtful, it might be held that the claimant had failed to prove that he or she was available for suitable employment. For example, if a woman is disintitiled because she has no child care arrangements, she may need to give the Commission the name of a relative or friend who will care for the child until permanent arrangement can be made.

As discussed above, the longer the period of unemployment, the less “picky” the claimant can be in his or her employment search. When claimants fill out EI application forms, they should not be too restrictive, especially about the wages they are willing to accept, or the distances they are willing to commute. Further, the Commission is likely to disentitle a claimant who is searching for a job that is virtually non-existent in the area the claimant is searching. Also, a former employee searching for a job in a field where the wages were atypically high can be disintitiled if he or she restricts the search to jobs with similar wage levels. This can often be the case with formerly unionized workers.

What it comes down to in the end is that the Commission will make a judgment call about whether the claimant genuinely wants to find work and whether his or her current strategy maximizes the chances of success.

VIII. PENALTIES, VIOLATIONS AND OFFENCES

A. *Imposing Penalties*

Sections 38 and 40 of the EI Act allow the Commission to impose a penalty of up to three times the weekly rate of benefit on a claimant who **knowingly** makes a false or misleading representation to the Commission in relation to his or her claim for benefits. The claimant must actually know that the statement is false or misleading, and the onus of proving this is on the Commission.

The court applies a subjective knowledge test to decide whether the claimant intended to commit fraud or intended to make false statements to the commission. Following the leading case, *Canada v. Gates* (1995), 125 D.L.R. (4th) 348, the Court in *David Moretto V. AG Canada*, [1998] F.C.J. No. 438, confirmed that even if a claimant’s statement is found to be false, no penalty should be levied unless the finder of fact is satisfied that the claimant “subjectively knew” the statement was false. It is not enough to say that he or she should have known, or should have asked someone, or that a reasonable person would have known.

B. *Types of Penalties*

A penalty can be levied under s. 38(2)(b) on grounds provided in s. 38(1)(c), which concerns **failing to declare earnings** while claiming benefits. The amount can be up to three times the amount of the deduction from the claimant's benefits or up to three times the benefits that would have been paid to the claimant for the period if the deduction had not been made or the claimant had not been disintitiled or disqualified from receiving benefits (see s.19(3)). Aside from the penalty itself, a claimant found to have knowingly made false representations to the Commission loses the right to earn up to \$50 or 25 percent of the benefit rate without deduction.

Alternatively, a claimant could be prosecuted criminally (summarily). Section 135(3) of the EI Act sets the minimum fine at \$200 for fraud relating to a person's employment and Record of Employment. The maximum fine is \$5,000 and where appropriate, twice the amount of benefits falsely obtained, or the fine plus imprisonment for a term of up to six months (s. 135(3)). In practice, criminal court cases are very rare, even when a claimant asks to be prosecuted. This is because the courts require proof beyond a reasonable doubt, while for penalties the Commission only requires proof on a balance of probabilities. Also, the Commission need only write a decision letter to the claimant to impose a very large penalty, which is much simpler than proceeding with a court case.

1. **Appealing a Decision to Impose a Penalty**

If the Commission imposes a **penalty under s. 38** (or s. 39 in the case of employers), **a client should be advised to appeal to the Board of Referees** in all but the clearest of circumstances. Regardless of what the Commission says, it has the burden of proving that the claimant knew that the statement was false or misleading at the time it was made. If the claimant has a reasonable explanation (e.g. confusion regarding the intent of the question), the appeal should be allowed.

NOTE: The Commission cannot impose a penalty under ss. 38 or 39 if 36 months have elapsed since the act or omission. For a case that discusses when time limits start to run see *Attorney General of Canada v. Kos*, 2005 FCA 319. The key issue here was whether file notes by an insurance officer constituted a "decision" that triggered the time limit. The court ruled that it did not, in part because the notes were not communicated to the claimant.

2. **Appealing the Amount of a Penalty**

Referees have jurisdiction over the amount of the penalty assigned. While the amount of the penalty can also be appealed, a penalty cannot be reduced simply because the referees consider it a bit too high. However, they (or the Umpire) can reduce a penalty if the decision is unreasonable, e.g. where Commission has erred by ignoring relevant circumstances such as the claimant's ability to pay, or health problems, or where it took irrelevant circumstances into account. It is not necessary to prove that the Commission was unfair, just that it was not made aware of all the relevant circumstances.

C. The Violation System

Section 7.1 of the EI Act outlines the increased qualifying requirements for claimants who are found to have committed fraud after June 30, 1996. These requirements increase depending on how the violation is classified (minor, serious, or very serious). If the Commission chooses to simply issue a warning letter (possibly accompanied by a fine), then as per s. 7.1(5), no such classification is made.

1. **Increased Number of Hours Required to Qualify**

Section 7.1(1) provides that an insured claimant (other than a new or re-entrant) must have a greater number of hours to qualify if that person has accumulated one or more violations in the 260 weeks before making their claim. This adds a significant barrier for receiving benefits. The increased hours required to qualify after a violation are outlined in the **s.7.1(1) Table**, on the following page:

Section 7.1(1) Table

Regional Rate Of Unemployment	Violation Severity			
	Minor	Serious	Very Serious	Subsequent
6.0% and under	875	1050	1225	1400
over 6.0% to 7.0%	831	998	1164	1330
over 7.0% to 8.0%	788	945	1103	1260
over 8.0% to 9.0%	744	893	1041	1190
over 9.0% to 10.0%	700	840	980	1120
over 10.0% to 11.0%	656	788	919	1050
over 11.0% to 12.0%	613	735	858	980
over 12.0% to 13.0%	569	683	796	910
over 13.0%	525	630	735	840

In the case of new entrants or re-entrants that have committed a violation in the 260 weeks prior to making their initial claim, the number of hours required to qualify is even higher:

- a) **minor violation:** the number of required hours is increased to 1,138 hours;
- b) **serious violation:** the number of required hours is increased to 1,365 hours;
- c) **very serious violation:** the number required is increased to 1,400 hours.

In each of the above scenarios, and in the case of persons who are not new or re-entrants, the Commission may now apply the increased hours rule to a claimant's next **two** claims, (if made over the course of the next 260 weeks). This makes it critical to appeal any penalty or violation decision.

NOTE: Violations should always be appealed.

2. Issuing Violations

Pursuant to s. 7.1(4), the Commission will issue a violation notice for:

- a) one or more penalties imposed under ss. 38, 39, 41.1 or 65.1 as a result of acts or omissions mentioned in ss. 38, 39 or 65.1;
- b) a finding of guilt for an offence under ss. 135 or 136; or
- c) a finding of guilt of one or more offences under the Criminal Code as a result of acts or omissions relating to the application of the EI Act.

3. Classifying Violations

If a violation is found to have occurred, as determined by the above criteria, it must be classified for purposes of the **s. 7.1(1) Table**, and also for new and re-entrants. The EI Act classifies violations in the following manner under s. 7.1(5)(a):

- a) Minor violation: if the value of the violation is less than \$1,000;
- b) Serious violation: if the value of the violation is less than \$5,000 (but more than \$1,000), it is a serious violation;

- c) Very serious violation: if the value of the violation is over \$5,000, it is a very serious violation.

Under s. 7.1(6), the value of a violation for purposes of classification is the amount of overpayment of benefits resulting from acts on which the violation is based. If the claimant is disqualified or disentitled, the value is the total amount of benefits he or she would have collected, divided by two.

4. Relevant Jurisprudence

In *Attorney General of Canada v. Charles Savard*, 2006 FCA 327, the court considered s. 7.1 of the Act. The court found that the Commission has discretion, which is appealable, as to whether a notice of violation is necessary as an additional punishment or deterrent for a claimant who has been penalized for providing false information. Specifically, the court decided that decisions to impose penal or administrative sanctions and monetary or non-monetary sanctions are discretionary in nature. The court also found that the increased hours of work required as penalty for a violation become effective from the time the notice was issued, not when the claimant learns of it.

This case may provide grounds to argue that several aspects of previous interpretations should be reconsidered, including: whether a violation can be overturned (an unreasonable exercise of discretion is generally subject to appeal), and whether the increased hours apply when an appeal against the violation is pending.

NOTE: If the claimant has received a notice of violation, look for the Federal Court's decision in *Gill v. AG Canada*. This decision (currently pending), should resolve the confusion over whether such decisions are discretionary and appealable or not.

IX. KEEPING OUT OF TROUBLE

A. *Job Search Record*

Once a claim is established, the basic eligibility requirement to receive regular EI benefits is that claimants be able to prove that they are “capable of, and available for work and unable to find suitable employment”. To help prove this, the claimant should keep a job search record. This may make disentitlement less likely, and improve the chances of success should an appeal be necessary. In fact, the Commission may send to the claimant a form that is essentially a job search record. This is called an “active job search statement”. The statement will require the claimant to provide:

- names of the businesses applied to and the names of the persons who interviewed the claimant;
- type of employment applied for;
- date of the application or contact; and
- results.

Potential employers need not sign the statement or record. They, however, may be contacted by the Commission to confirm the facts reported. If the form is not returned, disentitlement may follow.

Even though an “active job search statement” may not be required, the claimant should keep a job search record with this same information. The job search record should include everything done to look for work. It should be made clear that every attempt or type of attempt counts (including such things as contacting family members about employment opportunities, “cold calling,” etc.). The

difficulty is that many claimants do not keep such records even though they have been warned to do so. In such cases, the claimant's representative can only do the following:

- a) advise the claimant to keep such lists in the future; and
- b) (if true) argue that the claimant did not know that he or she had to keep such a list, and that any list now composed from memory is not a complete one, as the claimant cannot remember the details of all the employment opportunities he or she pursued.

Every regular benefit claimant must also register with the Commission. Claimants should visit the job board at least once a week and record these visits. Many EI offices now maintain electronic job boards that can be accessed from computer kiosks in the offices.

Claimants should also keep a record of all telephone calls and any other kind of contact for further evidence of job searching. An example "job search record":

- June 12 – 15: Checked The Sun and The Province want ads every day.
- June 12: Phoned Ajax Plumbing: George Brown, Manager, said not to send in a written application, but to call back in a month.
- June 13: Checked bulletin board at the Canada Employment Centre and copied down one possible job: phoned XYZ Deliveries, but position already taken.
- June 14: Wrote letter to Acme Amigos: no response.
- June 15: Searched Internet job sites from Frank's house. Printed out some likely prospects.

Tell the claimant to make the job search record as detailed and complete as possible. Include friends contacted regarding job openings, and **all efforts** made to look for a job. The claimant must at all times try to convince the Commission that he or she is making a great effort to find a job.

B. Interviews with an Investigation and Control Officer

At some point, the claimant may be summoned to the local EI office for an interview regarding his or her job search. Typically the Investigation and Control Officer asks the claimant questions and makes a "Report of Interview," which is later reviewed by an Insurance Officer who will, on the basis of the Report, decide whether or not benefits are to continue. The claimant does not need to sign or affirm the report, though it is supposed to be read to him or her, and a copy should be provided for the claimant's records.

The Commission can disqualify a claimant for one to six weeks if the claimant fails to attend, without good cause, an interview the Commission asks him or her to attend (EI Act, s. 27(1)(d)). The claimant must either attend the interview or phone to make a new appointment and confirm the new appointment in writing.

1. Keeping the Record Straight

A client may complain that the Report of Interview is misleading or a distortion of the truth. To protect against a potentially misleading report, the claimant should try to be as general as possible in his or her report. However, telling the truth during the interview is imperative. For example, the client should state, if true, that he or she would accept the going rate rather than stating his or her desired wage.

If the claimant decides, after the Report is read to him or her, that it is incorrect or misleading, the claimant should tell the Officer immediately because the Officer may correct

the report immediately. If the Officer refuses or if the claimant later decides that he or she disagrees, the claimant should write a letter stating their position. This is important since an appeal may be necessary and such an immediate reaction by the claimant may convince the Board of his or her honesty and integrity. It may also lead to the earlier reinstatement of a claimant who is disentitled for unreasonably restricting his or her job search.

2. **Disputing the Report at an Appeal**

If there is a disentanglement based on the Report of Interview and an appeal follows, the Board of Referees may be willing to accept explanations and modifications of the report. There must be evidence to support these modifications. Further, their usual position will be that since the statement was read to the claimant, it must be true. There is an established principle supported by several court decisions to the effect that “statements made before disentanglement are to be believed more than statements made after disentanglement,” the latter suspected of being self-serving. One effective way for a claimant to demonstrate willingness to accept wages lower than the figure stated on the application form or in an interview report is to prove that he or she actively pursued a job possibility paying a lower amount after learning what the salary was.

C. Reporting

In order to receive continued benefits, individuals must send in reports on a regular basis. They are usually due and cover every two calendar weeks (from Sunday to Saturday). There are three ways to send in these reports:

1. the Telephone Reporting Service;
2. the Reporting Service By Internet at www100.hrdc-drhc.gc.ca/ae-ei/dem-app/interdec_preamble.shtml; and
3. the paper “Report Card” system.

The timing and due dates of these reports depends on each individual claim. This information will be available to each claimant shortly after applying to EI when the Benefit statement and Access Code is received in the mail.

1. **What to Include in Reports**

Be careful to include the following in each report:

- gross income;
- earnings for the week they are earned, **not** the week they are received; and
- money received from a group maternity or sickness plan paid for by the employer and wages, less benefits, received by way of Workers’ Compensation. All money received and declared should include some reference to the source and reason for the payment since it may or may not count as earnings (EI Regulations, s. 35). However, money received from a private or individual insurance plan paid for by the claimant should not be included.

The information given must be accurate, otherwise the claimant could be accused of a false or misleading statement. If the claimant needs to update a report, for example to change the amount of earnings reported, they should call the Telephone Reporting Service immediately. The Commission has a policy that they will not charge or prosecute a claimant for giving

false or misleading information if the claimant volunteers the correct information before an investigation begins.

X. TIMING FOR REPORTING

Individuals should pay special attention to report due dates. Each claim has its own due dates, and the specific timing for meeting these due dates can differ between the telephone, internet and paper systems. For example, cards must be returned on the last Saturday (and not before or after this day) of the period that they cover, whereas all Telephone Reporting Service reports made on the weekend are processed at 3:00 p.m. Sunday. This information can be found on the Service Canada website at www.servicecanada.gc.ca/eng/ei/application/applying_for_benefits.shtml.

Claimants must complete their reports throughout the claim period whether or not they are receiving benefits (for example, during the waiting period or a period of disqualification). When an appeal is pending, reports must continue to be made because if the appeal is successful, the claimant may find that there will be no payment for any week for which no report has been made (EI Regulations, s. 26).

Individuals on pregnancy, parental, and sickness benefits should continue to make reports, noting that they are incapable of work and explaining the reason, whether pregnancy, parental, or illness.

NOTE: Workers whose weekly income amounts tend to fluctuate (e.g. trade workers) should try to estimate as carefully as possible when providing an income figure. Those claimants who either err on the side of caution by declaring an amount that is too high or those who under-declare their actual income may be deemed by the Commission as providing “false or misleading information” and may incur penalties. The best way to avoid penalties is to always inform the Commission of the exact amount as soon as it is known to be correct. Also, an appeal should be filed immediately if a claimant is penalized for an inaccurate estimate of weekly earnings. The test for a penalty is that the claimant **knew** that the information he or she was giving was false. Honest attempts to predict actual earnings should not lead to penalties, even when it results in an overpayment of benefits.

A. Documents

It is generally a good idea to fill in all the documents the Commission requires and to return them immediately, since failure to do so may involve delay, if not disentitlement. **Also, keep copies of all documents in chronological order.**

B. Delays

One of the greatest difficulties with EI is delay. The computer is very sensitive to errors and sometimes delays occur as a result. Often the delays are related to report cards, and in certain cases it is possible to get the insurance officer to use his or her “back-up manual pay system” rather than waiting for the computer. If this is done, the claimant may get his or her money quickly.

Another solution to delay may often be to hassle the Commission. In extreme cases, you may wish to consider writing to the Minister (Employment and Immigration) with copies, to the claimant’s Member of Parliament, or to opposition critics. See **Chapter 20: Public Complaints Procedure**.

C. Self-Employment While Claiming EI

Self-employment and employment as an independent contractor are **not** insurable employment. Those who fall under this category are not eligible for employment insurance benefits (see s. 5 of the EI Act), and are not even considered part of the workforce for attachment purposes. This means that a person returning to insurable employment after one or more years of self-employment will be treated as a re-entrant to the workforce, and will need 910 hours of work to qualify for benefits.

Many people get into trouble for trying to start their own business while receiving benefits. Failure to report such activity will usually lead to overpayments and penalties or charges for misrepresentation. Contrary to many claimants' belief, self-employment amounts to "working" within the meaning of the question on the weekly reports even if the person has no expectation of receiving any income from it. Section 30 of the EI Regulations provides that, in most cases, a claimant engaged in self-employment is deemed to have worked a full week, unless the self-employment is "so minor in extent that a person would not normally follow it as a principal means of livelihood". Decisions by the Commission on overpayment and/or the imposition of penalties should always be appealed.

If a claimant wishes to start a business while on EI, he or she should contact the Commission **before** doing anything to pursue self-employment. Special benefits may be available if the claimant enters an approved self-employment agreement for the development and implementation of a business plan.

XI. OVERPAYMENT AND COLLECTIONS

A. *Overpayments*

If the Commission pays a claimant more than that claimant is entitled to, whether through the claimant's fault or the Commission's, the Commission is entitled to recover the overpayment (EI Act, s. 43). The Commission may deduct the overpayment from any benefit payable to the claimant, or Commission's Collections Branch may contact the claimant to recover the overpayment (s. 47). The Commission must send written notice, stating the existence of the overpayment and why it occurred, as well as explaining the right to appeal within 30 days.

If the overpayment results from a reconsideration of a decision involving an element of judgment or discretion by the Commission (often as part of a random "audit"), an appeal should be filed. Umpires have ruled that the Commission does not have the right to second-guess its previous determination of such questions (such as just cause, misconduct, and availability) unless there are significant new facts it could not have learned about when the initial decision was made.

1. Interest Regulation

EI claimants are required to pay interest on outstanding overpayments and penalties arising from what the Commission considers fraud or misrepresentation.

No interest will be charged on debt that arises from the Commission's and/or the claimant's errors in benefit payments. Where the claimant has appealed the decision that establishes the overpayment or penalty, no interest will be charged during the appeal process, and claimants will be reimbursed interest payments made before the appeal if the Referees or Umpire decide that there was no fraud or misrepresentation.

B. *Time Limits*

The statutory limitation on collection of overpayments is six years after declaring the overpayments, excepting the periods during which an appeal is pending. The Commission has three years to discover the debt. Periods of appeal do count in this assessment. If an overpayment is due to fraud, the Commission has six years to discover and six years to recover the amount. However, the Commission is not allowed to impose a penalty more than 36 months after the offence.

C. *Write-off of Overpayment or Other Amounts Owed*

Section 56 of the EI Regulations specifies various circumstances in which a benefit wrongly paid may be written off. The most useful provision allows a write off when in all circumstances:

- the sum is not collectable; or
- repayment would result in undue hardship to the claimant (s. 56(1)(f)(ii)).

Regulation 56(2) provides for almost automatic write-off of amounts paid more than a year before notification of the claimant and resulting from the Commission or employer's error. It may even be argued that decisions under this provision should be appealable.

The Collections Branch should be contacted if the claimant thinks undue hardship would result from repayment.

Collections Branch

Employment and Immigration
1055 West Georgia Street
Vancouver, B.C. V6E 2P8

Telephone: (604) 682-5400

A claimant cannot appeal to the Board of Referees or the Umpire against a decision of the Commission refusing to cancel a debt. The Commission's discretion is therefore very wide as the only possible legal remedy is a judicial review of the Commission's decision in the Federal Court. Claimants applying for a write-off should obtain advice and present all relevant information to support the request, as this may be a one-time opportunity.

D. Benefit Repayment

Under s. 145(1) of the EI Act, a claimant whose income for the taxation year exceeds one and one-half times the maximum yearly insurable earnings is liable for the repayment of the lesser of:

- 30 percent of the total benefits paid to the claimant in the year; or
- 30 percent of the amount by which the claimant's income exceeds one and one-half times the maximum yearly insurable earnings.

The benefit repayment scheme is administered and enforced by the Minister of National Revenue (s. 148). A claimant will estimate on his or her tax form the amount of benefit repayment payable by him or her (s. 147).

XII. APPEALS TO THE BOARD OF REFEREES

Most decisions of the Commission may be appealed to a Board of Referees pursuant to s. 114. **The time limit is 30 days. See Appendix B: Checklist for Appeal to Board of Referees.**

A. Exceptions

The following issues cannot be appealed to a Board of Referees:

- write-off of overpayments (see above) or penalties owed to the Commission;
- certain discretionary benefits, such as training courses, special employment benefits and work-sharing, see above and the EI Act ss. 24, 25, and 64; and
- insurability issues, which are subject to a separate decision-making and appeal process that must be appealed to the Minister of National Revenue, the Tax Court. (see **Section III.A: Insurable Employment**, and ss. 90 – 105 of the EI Act).

1. Discretionary Decisions

Discretionary decisions such as the Commission's refusal to extend time, its decision regarding the length of reduced benefits, or its decision regarding the length of disqualification, can only be reversed if the Referees decide the Commission:

- a) ignored or failed to consider a relevant factor, including something the Commission was unaware of, such as health problems or other mitigation;
- b) acted on an irrelevant factor;
- c) committed a jurisdictional error; or
- d) acted against the principles of natural justice, such as acting with bias or bad faith.

The Referees are not to put themselves in the Commission's position; rather, they should ask whether or not the Commission's exercise of discretion was reasonable. However, where the Commission has failed to consider relevant evidence, or where there is new evidence presented for the first time by the claimant to the Referees, the Board can exercise its remedial authority by making the decision the Commission should have made. It is rarely difficult in a deserving case to show that the Commission has disregarded some relevant fact.

2. False Statements

Courts have also determined that the amount of a penalty for making false statements may also be appealed only to the extent that in coming up with the amount of penalty, the Commission committed an error, such that the decision or the decision making process was unreasonable. That said, as above, one can often find some relevant "fact" that the Commission failed to consider.

3. Insurability Decisions

Certain decisions concerning "insurable employment" must be appealed to the CCRA or the Minister of National Revenue rather than the Board of Referees. These appeals under s. 90(1) include:

- a) whether an employment is insurable;
- b) how long an employment lasts, including the dates on which it begins and ends;
- c) the amount of any insurable earnings;
- d) how many hours an insured person has had in insurable employment;
- e) whether a premium is payable;
- f) the amount of a premium payable;
- g) who is the employer of an insured person;
- h) whether employers are associated employers; and
- i) what amount shall be refunded under ss. 96(4) to (10).

For an example of the appeal process, consult *McPhee v. Minister of National Revenue*, 2005 TCC 502. In deciding whether the claimant was an employee or an independent contractor, the court allowed a consideration of the parties' intentions.

In recent years, the Tax Court has seen an increase in farm labour contractor cases that arose from the mass investigations that began in 1997. The Tax Court decided the appeals of 10 farm workers in *Jawanda v. Minister of National Revenue*, Docket: 2001-2098(EI), June 16, 2006. As in previous cases, none of the claimants worked sufficient hours to qualify for EI. These insurability appeals are only the first step for the workers, who still face EI overpayment, penalty and violation proceedings when the insurability proceedings are finally over.

The Referees and Umpire have no jurisdiction over these insurability issues, so it is crucial to analyze the dispute and file the correct type of appeal. In doubtful cases, it can be wise to do both – file an appeal with the Referees and ask the CRA for a ruling.

B. Notice of Appeal

A Notice of Appeal letter should:

1. be in writing;
2. contain a statement of the grounds of the appeal;
3. be filed at the office where the claimant was informed of the decision under appeal;
4. contain the claimant's Social Insurance Number; and
5. be signed by the claimant or the claimant's representative.

In practice, any signed expression that a claimant wants to appeal a decision will usually be sufficient. However, in some cases, the Commission will reject appeals signed by advocates unless they are accompanied by the claimant's authorization. It is often simpler to have the claimant sign the letter of appeal or use the online form found at www.ae-ei.gc.ca/eng/referees.shtml.

The claimant must file an appeal to the Board of Referees within **30 days** from receipt of the decision being appealed. While detailed reasons are not necessary, many advocates make a point of stating all relevant information that might support the appeal, since this may persuade the Commission to change the decision voluntarily. E.g., if the decision is one of disentitlement for undue restrictions in the job search, the appeal letter should state that restrictions never were and are not now in effect.

The Commission requests that the claimant specify whether he or she wishes to appear at an oral hearing. However, this is not mandatory. When credibility is at issue, it is **highly advisable** that the claimant attend the hearing. The claimant should also advise whether he or she will have a representative (lawyer, student, or friend) acting on his or her behalf, and identify the representative. Claimants should also specify whether they would like the hearing in English or French.

The letter must balance opposing demands for brevity and comprehensiveness. It should not give so much information that the additional material will inadvertently undermine the claimant's case. Some advocates try to provide sufficient material for the insurance officer to find in favour of the claimant without an appeal at all. Others prefer not to disclose the whole case in advance, as this enables the Commission to prepare a more detailed and effective defence of its decision in the "Observations to the Referees" that are part of every Docket of Appeal. To avoid this, a written submission can be sent to the Referees as soon as the docket is received so that they can review it before the hearing. A sample appeal letter can be found in **Appendix C**.

Appellants can also obtain more detailed information at: www.ei-ae.gc.ca/eng/home.shtml.

C. *Appeal Docket*

The Commission receives and reviews the appeal letter and, unless convinced to reverse its decision by the information contained in it, will set the place and date of appeal and send the claimant and the employer an “Appeal Docket”. The docket contains all documents from the Commission’s file regarding the claim that it considers relevant to the issue. The docket is given to the claimant, the Board of Referees, and to the employer if the employer asks to participate.

The docket should be carefully reviewed, as the appeal must meet the Commission’s argument and evidence. The docket includes the “Observations of the Commission to the Board of Referees”, which is basically the Commission’s written argument supporting its decision. Otherwise, the Commission usually does not appear at the hearing.

NOTE: All adverse decisions should be listed under item no. 2 of the appeal form. There have been cases where claimants who claimed they were appealing a letter of overpayment without mentioning the penalty imposed in a different letter were told at the hearing that the Referees have no jurisdiction over the penalty by reason of this omission.

D. *Preparation for Appeal to the Board of Referees*

When reviewing the docket and preparing for the appeal, the claimant and his or her representative should consider the:

1. “Observations of the Commission to the Board of Referees” (this is the Commission’s justification for its decision);
2. evidence relied upon by the Commission; and
3. CUBs (Umpire decisions) cited by the Commission.

The docket contains most of the relevant documents and also summarizes all statements made by the claimant to the Commission, as well as the Insurance Officer’s decision and comments. Read the docket carefully and be prepared to comment on it.

In many cases, the claimant may have to explain that the statement does not accurately reflect what he or she really intended to say. For example, the claimant did not mean to say that he or she would only work for \$12.50 per hour and no less. Rather, the claimant meant that he or she would prefer \$12.50 per hour, but would work for the going rate. The claimant will have to overcome the Board’s inclination to believe what the claimant said in his or her statement as opposed to what is being said now, after disentanglement. The claimant must convince the Board of his or her honesty.

Under the Privacy Act, R.S., 1985, c. P-21 a claimant has a right to access the entire claim file, whether there is an appeal pending or not. This may include the documents that are not part of the docket because the Commission did not consider them relevant. If details of the Commission’s record may be important to the outcome, the advocate should ask for full disclosure of all relevant files.

The jurisprudence on EI includes more than 70,000 decisions of the Umpire, along with perhaps a thousand or so decisions of the Federal Court of Appeal and the Supreme Court of Canada. Most of these decisions can be found (and searched by key words) on the Commission’s jurisprudence web site at: www.ei-ae.gc.ca/en/library/search.shtml. A claimant or representative should always read the cases upon which the Commission is relying. Often the quoted excerpt is taken out of context, and the facts are so different that the case can be easily distinguished, or even used to support the appeal.

Any exhibits, cases, or written arguments should be submitted to the Board of Referees ahead of the hearing date, if possible. This will give the Board a chance to familiarize themselves with the materials, and make more efficient use of the hearing. The Board will accept new evidence at the hearing.

Service Canada's EI website accessible at: www.ei-ae.gc.ca/en/home.shtml contains links to the legislation, the jurisprudence library, and to the Board of Referees and Umpires' sections. The Referee's site has a "Quick Reference Tool", "View From the Courts" and "Judicial Interpretations" section. These lead to useful summaries of the law on key issues and to summaries of leading decisions by the Federal Court.

E. Hearing Before the Board of Referees

The Board is composed of three persons: the Chairperson, an Employer's Representative and an Employee's Representative (EI Act, s. 111(1)). The Commission is generally not represented at the hearing. The employer is a party to the appeal, however, and can take part if it wishes.

1. Claimant's Preparation

The claimant should be neat in appearance, be prepared to submit a job search if relevant, and be prepared to present the facts of his or her situation. The claimant should also be prepared to answer questions directly and clearly.

The Board cannot administer an oath (although in rare cases a chair may insist on doing so, citing the Canada Evidence Act, R.S.C. 1985, c. C-5, s.13). In cases where credibility is crucial, claimants should therefore consider preparing a sworn affidavit or statutory declaration of the evidence if the facts are in dispute, since sworn evidence carries greater weight. The affidavit or declaration can also form a useful "record" of the claimant's case and is especially useful in cases where there are contradictory statements.

2. Representative's Preparation

The representative should also be neatly dressed, which in the case of LSLAP clinicians means courtroom clothing. The representative should:

- a) prepare a legal basis to allow the appeal, using the EI Act, EI Regulations, Digest, and CUB;
- b) spend some time before the hearing with the claimant reviewing facts, explaining legal arguments and anticipating questions;
- c) prepare a written list of points to be made in the claimant's favour. This is to ensure that if and when "side-tracked" by the Board of Referees, none of the points will be forgotten. It will also be helpful in "making a record" to give to the Board of Referees, although hearings are now taped; and
- d) prepare a written submission summarizing the main points of evidence and arguments. This fills in the gaps in the oral arguments, and becomes part of the "record" for later appeals to the Umpire or the Federal Court.

3. Procedure at the Hearing

The Board generally takes a "common sense" rather than a highly legal approach to the proceedings, and is usually interested primarily in the evidence. The claimant's appearance, attitude, and presentation of facts are all important. An hour spent familiarizing the claimant with procedure and preparing him or her for the types of questions the Board will ask is definitely more valuable than an hour spent mulling over the potential ambiguities in a section of the EI Act to which the Board has not been able to give clear meaning.

Rules of evidence generally do not apply to Board of Referees hearings. An objection on a “technicality” may upset the Board and jeopardize the claimant’s success. However, the Board will agree that the hearing is only to decide the questions placed before it and may accept an objection that a question is irrelevant to the issue before the Board. Umpires have often emphasized that the evidence of a claimant who appears before the Referees is entitled to more weight than the hearsay statement of the employer to an EI agent in a telephone conversation.

The claimant can ask to have the hearing taped. In the absence of such a request, the Board will use its discretion as to whether to record the hearing or not. It is **strongly advised** that every claimant request that the hearing be taped, as this provides a record of the evidence, and also shows whether the Board gave a fair hearing.

4. Evidence at the Hearing

a) Presentation of Documents and Additional Information

Section 83 of the EI Regulations provides that a claimant is entitled to a reasonable opportunity to make representations concerning any matter before the Board. If the Board refuses such representations, it is ground for an appeal to an Umpire. The claimant can argue that such a refusal is a violation of natural justice and procedural fairness. The claimant must make it clear, however, that relevant submissions are not being admitted.

The hearing usually begins with the presentation of new evidence or additional information. New information, particularly documents, can be submitted before the hearing. However, the Board is willing to accept such documents at the hearing. If the issue is availability, a comprehensive job search record should be submitted before the hearing, and the claimant should be prepared to orally describe his or her search for employment.

b) Claimant’s Evidence

The claimant should then be asked to tell the Referees his or her version of the relevant facts. The advocate should ask leading questions (requiring a simple “yes” or “no” answer) for all matters not really in dispute, or relate the non-controversial facts directly to the Referees. However, it is important to let claimants tell crucial facts in their own words. At any point, the Board itself may ask questions of the claimant or witnesses, or may query parts of the legal argument that it does not understand. A well-prepared claimant can make a good impression if answers are given in a clear, straightforward manner. The claimant should be sure to make eye contact with the Board members when addressing them.

Most boards take a non-adversarial approach and do not allow cross-examination of evidence except by the Board itself.

Ryan v. Attorney General of Canada, 2005 FCA 320 is a useful case because the court reconsidered the weight of some claimant evidence. The court contradicted the general line of reasoning that evidence given by a claimant in response to the Commission’s accusations is inherently less believable.

c) Submissions: Disputing the Commission’s Case

Following the presentation of documents, the claimant’s evidence, and any other witnesses, the representative should summarise the facts and evidence in the

client's favour and make legal arguments if applicable. The representative should point out fallacies in the Commission's argument and distinguish the cases relied upon by the Commission.

d) Harassment Cases

Section 114 of the EL Act and the EL Regulations allow the Board's chair to exclude any and all persons from a hearing while someone is giving testimony (except the person giving evidence), in an appeal concerning harassment (sexual or otherwise). The chairperson may also decide that the hearing be held in-camera, at the request of the claimant or the employer. If the employer is excluded, he or she will be given a chance to see the claimant's evidence on tape and respond to it, while the claimant is excluded. The claimant will then have a similar opportunity to view and respond to the employer's evidence.

F. Notification of the Board Decision

The Board's decision must be in writing, must include a statement of the findings of the Board on questions of material fact to the decision (s. 114), and must be given to the claimant. The decision, called a "Record of Proceedings and Decision of the Board of Referees" will usually arrive by mail within a week of the hearing. It will indicate whether it is unanimous, and if not, the dissenting member of the Board must file a separate dissent.

G. Payment of Benefit Pending Appeal: Not Recoverable

When the Board allows a claim for benefit, it is payable in accordance with the Board's decision notwithstanding that the Commission may appeal the Board's decision, except in the following situations:

- a) where a labour dispute is involved and the Commission appeals within 21 days of the Board's decision; or
- b) where the Commission appeals within 21 days on grounds of **error of law** or failure to follow the provisions of the Act or Regulations (EL Regulations, ss. 121 and 84).

If benefits are paid to the claimant and the Umpire allows the Commission's appeal, the benefits cannot be recovered. In practice, however, when the Commission appeals it always alleges an error of law, and files within 21 days. This avoids the need to pay benefits while the appeal is pending.

XIII. APPEALS TO THE UMPIRE

An appeal can be made to the Umpire from a decision of the Board of Referees. The Umpire is usually the last level of appeal, and has more jurisdiction over legal than factual issues. The Umpire is typically a Federal Court Judge, though here he or she is not sitting as part of a court. Although qualified counsel is helpful at this level, there is no reason why a claimant cannot represent him or herself. Union representatives, LSS paralegals, community advocates, and LSLAP students are capable of presenting such appeals with proper preparation.

A. Grounds of Appeal

Section 115 gives the claimant, employer, Commission itself, or an association representing the claimant or employer the right to appeal to the Umpire without leave on the grounds that the Board:

- 1. failed to observe a principle of natural justice or otherwise, acted beyond or refused to exercise its jurisdiction;

2. erred in law in making its decision (whether or not the error appears on the face of the record); or
3. based its decision or order on an erroneous finding of fact that it made in a perverse or capricious manner or without regard for the material before it.

A recent decision on the appeal process is *Sheila Stone v. Attorney General of Canada*, 2006 FCA 27. The court held that Umpires can review Referees' conclusions on a question of mixed fact and law on a standard of correctness.

B. Time for Appeal to an Umpire

An appeal from the Board of Referees to the Umpire must be brought **within 60 days** of the date that the decision is communicated to the claimant, or such longer period as the Umpire may allow (s. 116). The Commission has forms to launch appeals to the Umpire but their use is not mandatory. An appeal must be in writing, contain the grounds for appeal, and be filed at the office of the Commission at which the Board of Referees' decision was filed (usually the District office).

C. Power of the Umpire

The Umpire may allow the appeal if one or more of the allowable grounds has been proven. If an appeal is allowed, the Umpire can then substitute his or her own decision for the decision of the Board, or refer the matter to the Board for a rehearing with such guidelines as the Umpire considers appropriate (s. 117).

D. Umpire's Decision is Final

Under s.118, an Umpire's decision is final, subject only to s. 28 of the Federal Court Act. In *Morin v. Canada (Employment and Immigration Commission)* (1996), 144 D.L.R. (4th) 724 (F.C.A.), the Court held that when the Board of Referees and the Umpire have jurisdiction and believe intervention is warranted, they have the power to make the decision that the Commission should have made – even with respect to decisions of the Commission that are characterized as discretionary.

E. Proceedings Before the Umpire

If applicants wish to appear personally or with a representative, they should request a hearing with the Notice of Appeal. Otherwise, he or she may only receive a written review of the decision.

The Umpire is not bound by the rules of evidence. Rather, the hearings are as informal and expeditious as fairness allows. The Umpire will often refuse to admit new evidence that was not before the Board when it rendered its decision. The Umpire will, however, generally admit evidence of what occurred at the Referees' hearing, with a view to determining whether the Referees violated the principles of fairness or natural justice in conducting the first appeal. Once a determination has been made that such an error was made by the Board, the Umpire will be more amenable to admitting new evidence in order to determine the appropriate relief. (Also, see **Section XIV: Amendment of Decisions Based on "New Facts"**, below, for an alternate means of bringing new facts before a decision-making body).

The tape recording of the Board hearing should always be reviewed, to look for possible violations of procedural fairness. The relevant portions of the tape should be transcribed for the Umpire's convenience. The claimant or advocate can transcribe the recording, but should acknowledge that the tape recording, rather than the informal transcription, is the official evidence. If the claimant is told that the equipment malfunctioned and the tape is unavailable, the best practice is to prepare an affidavit of the claimant describing the relevant portions of the hearing, so that they will become part

of the record. If the details of the proceedings before the Referees are sufficiently crucial, the absence of a recording may persuade the Umpire that a new hearing should take place.

With these exceptions, Umpires will treat the hearing as a judicial review proceeding or a legal appeal. The appellant argues first, explaining why the Board's decision should be overturned on one or more of the allowable grounds of appeal described above. The counsel for the respondent(s) defends the decision and the appellant may reply to new matters brought up by the respondents. At this level, counsel represents the Commission and the employer also has a right to be represented, but the employer rarely does so unless the circumstances may lead to wrongful dismissal, human rights, or other proceedings against it.

Currently, an appeal to the Umpire takes approximately one year from the notice of appeal until the hearing. Several more months may be required before the claimant receives the decision.

F. Canadian Charter of Rights and Freedoms Issues

In June 1991, the Supreme Court of Canada ruled that the Umpire, but not the Board of Referees, may consider an argument that a provision of the EI Act or EI Regulations is of no force and effect because it violates the Canadian Charter of Rights and Freedoms. To deal with such an argument, Umpires will have to hear evidence on the Charter issue. The same principle could apply to arguments that a regulation is *ultra vires*, in other words, not authorized by the EI Act.

Despite the fact that the Referees have no jurisdiction to rule on such a constitutional challenge, it is good practice to file a written submission with the Referees advising them that such a challenge will be presented to the Umpire, and asking that they make any findings of fact that may be helpful in establishing the constitutional argument. For example, if the issue were the characterization of self-employed people as being out of the workforce (and thus needing 910 hours to qualify for a claim if they return to paid employment), the Referees could find that the claimant embarked upon self-employment to support him or herself and his or her family when he or she was unable to find a suitable job, and that he or she had no reasonable alternative other than benefits or welfare. Such findings would not be binding on the Umpire or courts, but can lay a supportive factual background.

XIV. AMENDMENT OF DECISIONS BASED ON “NEW FACTS”

Section 120 provides a useful remedy in situations where new information becomes available after a decision is made, or where the decision is made without knowledge of some material fact or is based on a mistake as to a material fact. This section allows the Commission, the Board, or the Umpire to change their decision because of facts which arose after their initial decision or which could not have been discovered with due diligence before that decision. It is a possible remedy for an unfair decision if the claimant has failed to appeal and cannot show good cause for the delay.

Students should be aware of the case *Canada (Attorney General) v. Benitez*, 2003 FCA 181. In this case, the Federal Court of Appeal (FCA) dismissed an application for judicial review of a decision of the Umpire (CUB 53411). The Umpire removed the claimant's penalty after hearing new evidence in relation to the claimant's financial circumstances. Be aware that the Commission, the Board or the Umpire might not be familiar with this decision. Thus, when making a s. 120 argument, be familiar with this decision and bring copies of the FCA's decision and the Umpire's decision to the proceedings in question.

XV. JUDICIAL REVIEW IN THE FEDERAL COURT OF APPEAL

Though an Umpire's decision is normally final (s. 118), an Originating Notice of Motion may be filed in the local Federal Court Registry for judicial review by the Federal Court of Appeal, on grounds set out in ss. 28 and 18.1(4) of the current Federal Court Act. These are very similar to the grounds for appeal to the Umpire.

The application must be made within **30 days** of the time that the decision was communicated to the applicant, or within such further time as the Court of Appeal may allow. At this stage, qualified counsel is almost essential. Contact the Community Legal Assistance Society if this situation arises. See **Chapter 20: Public Complaint Procedure** for more information regarding judicial review.

XVI. HISTORY OF AMENDMENTS TO THE EI ACT

Amendments were introduced in Bills C-21 (1990), C-113 (1993), C-17 (1994), and Bill C-12, which enacted the new EI Act. The latest version of the Act came into force in phases, beginning on July 1, 1996 and ending in 1997. Further amendments were introduced in Bills C-23 (2000), C-32 (2000), C-2 (2001), C-40 (2001), and C-49 (2002).

Bill C-21

The Unemployment Insurance Act was amended by Bill C-21 (effective 18 November 1990) in a number of important ways, some of which are still relevant:

1. the Act provided for 15 weeks maternity benefits, 10 weeks parental benefits and a more flexible combination of sickness, maternity and parental benefits up to a total of 30 weeks in any one claim;
2. the three week lump sum payment to persons aged 65 was eliminated, as these persons are now required to pay EI premiums if they continue to work past 65 and will be entitled to EI benefits if they become unemployed and are looking for new employment; and
3. disqualification for quitting a job without “just cause”, being fired for “misconduct”, or refusing to apply for or to accept a suitable job while collecting benefits was increased from one to six weeks, to seven to 12 weeks, followed by a reduction in benefit rate from 60 percent to 50 percent of insured earnings.

Bill C-113

The Unemployment Insurance Act was amended again by Bill C-113 on April 4, 1993. The changes to the Unemployment Insurance Act are very significant, and must be thoroughly understood to properly advise a client. Some of the important changes are:

1. persons who quit their jobs without “just cause” or who are fired because of misconduct will be disqualified from receiving all regular EI benefits to which they would otherwise be entitled. They can, however, receive pregnancy, parental and sickness benefits if they have established a claim. Disqualification is applicable to any job lost during the qualifying period, not just the last one;
2. eight specifically enumerated examples of “just cause” have been added;
3. persons quitting without just cause or who lost employment due to misconduct cannot use any weeks of employment prior to that termination to establish a claim; nor do the weeks in the job that was lost count toward maximum length of benefits. This occurs even if the person only applies for EI benefits after finding another job that ended in a layoff; and
4. the benefit rate is 55 percent of average weekly insurable earnings in the qualifying weeks; 60 percent for those who receive \$375 or less and support a dependant; 50 percent for those who refuse a suitable job or refuse to apply for suitable work. No regular benefits are paid to those who quit without just cause or who are fired for misconduct.

Bill C-17

With the passage of Bill C-17 on July 3, 1994, further changes were made to the Unemployment Insurance Act:

1. amendments to ss. 13(1) and 13(1.1) of the Unemployment Insurance Act provide that benefits now equal 55 percent of the claimant's average weekly insurable earnings in the claimant's qualifying weeks. However, if the claimant or the spouse of the claimant has dependants, the claimant can receive:
 - a) sixty percent of the average weekly insurable earnings if the claimant's average weekly insurable earnings during the qualifying weeks does not exceed 50 percent of the maximum weekly insurable earnings for the year in which the benefit period is established (maximum weekly insurable earnings is set each year); or
 - b) the greater of 55 percent of the claimant's average weekly insurable earnings in the qualifying weeks and 30 percent of maximum weekly insurable earnings for the year in which the benefit period is established.
2. the amended s. 28.1 states that a claimant who is suspended from employment because of misconduct is deemed not to have lost that employment by reason of misconduct. This has important consequences for determining whether the claimant is disqualified to receive benefits under ss. 28 and 30.1. However, the claimant is **disentitled** from regular EI benefits during the period of suspension, until:
 - a) the suspension ends;
 - b) the employment otherwise ends whether voluntarily or not; or
 - c) for long suspensions, when the claimant is able to re-qualify with new employment.
3. the amended s. 28.2 provides that a claimant who takes a period of leave from employment is deemed not to have voluntarily left that employment without just cause, if the period of leave was authorized by the employer and if the claimant and the employer have agreed regarding the day the claimant would resume employment. The claimant is **disentitled** from regular EI benefits during the period of leave, until:
 - a) the claimant resumes employment (normally at the end of the leave);
 - b) the employment otherwise ends whether voluntarily or not, or due to misconduct or not; or
 - c) for long leaves of absence, once the claimant is able to re-qualify with new employment;
4. the amendment to s. 28.3 provides that a claimant who quits or gets fired from a job within three weeks before the expiration of a term of employment, where the employment is for a fixed term, or before the day on which the claimant is to be laid off, where the claimant has already been given notice of layoff, is deemed NOT to have been fired for misconduct or to have voluntarily left employment without just cause. The claimant is disentitled from regular benefits until after the formal day of expiration or layoff;
5. under the amendment to s. 40(1.1), if a claimant disputes disqualification under ss. 28.1, 28.2, or 28.3, or total disqualification under s. 28, the Commission shall give the benefit of the doubt to the claimant if the evidence on each side of the issue is equally balanced;
6. an amendment to s. 44(q)(2) states that the Commission may, with the approval of the Governor in Council, make regulations defining and determining who is a) a dependant of a claimant or of a spouse of a claimant, or b) a spouse of a claimant; and
7. amendments to the EI Act or the upcoming EI Act are not necessarily retroactive. Claims started under the previous Act are usually not affected by the new Act.

Bill C-12

Bill C-12 (the Employment Insurance Act) targeted the largest group of jobless people (those who are vulnerable in the labour market) to try to decrease financial demands on the EI program. This policy is reflected in the new measures such as the "divisor" and the "rate calculation period", which hit claimants

directly on the financial level. Many provisions of the EL Act came into force on July 1, 1996. The others, including the shift from weeks to hours as the basis for eligibility, became effective January 1, 1997. The highlights of the law are as follows:

1. the maximum benefit period is reduced by five weeks, from 50 to 45 weeks;
2. eligibility criteria are much stricter with the switch from counting weeks to counting hours. This new “rate calculation period” is especially tough on on-call, casual, seasonal, and contract workers;
3. the “divisor” does not allow a claimant to receive maximum benefits if he or she has qualified with the minimum number of hours. To qualify for the maximum, a claimant must work at least two weeks more than the regional minimum entrance requirement;
4. the “intensity rule” progressively reduces the basic benefit rate of 55 percent to 50 percent based on the weeks of benefits drawn in a five-year period;
5. findings of fraud carry heavier penalties;
6. maximum insurable earnings have been reduced and job development programs have been terminated; and
7. the benefit rate has increased for families whose annual income is less than \$25,921. The maximum of this increase is based on the amount of a claimant’s weekly benefits and will be calculated differently according to the year of the claim.

Bill C-23

This bill received Royal Assent on June 29, 2000. Most sections are now in force but some are still pending. To make the EL Act (and other Canadian statutes) consistent with the values of the Charter, the bill seeks to make the Act’s benefits and obligations more inclusive of same-sex couples.

Bill C-32

Bill C-32 was introduced in the House of Commons on April 7, 2000 and received Royal Assent on June 29, 2000. The relevant provisions came into effect on December 31, 2000. Changes include:

1. parents of a child born or placed in their care for adoption after December 30, 2000 are eligible to receive benefits for up to one year while caring for the child;
2. the number of weeks of parental benefits increased to 35 weeks and the number for a combination of special benefits (maternity, parental and sickness) increased to 50;
3. access to special benefits is improved by reducing qualification from 700 to 600 hours of insurable employment; and
4. as is the case for regular employment insurance benefits, parents can have earnings of up to 25 percent of their weekly benefit or \$50, whichever is higher, without affecting parental benefits.

Bill C-2

Bill C-2 amended the EL Act in a number of areas, and received Royal Assent on May 12, 2001. The most important changes are:

1. maximum yearly insurable earnings, which were frozen at \$39,000 until 2000, will be set by the Commission each year in its report to the Minister;
2. the Intensity Rule (s.15) repealed;

3. s. 17 of the EI Act changed such that the maximum rate of weekly benefits is 55 percent of the maximum yearly insurable earnings, divided by 52; and
4. the EI premium rate will be set by Governor in Council on recommendations of the Ministers of Human Resources Development and Finance.

Bill C-40

Bill C-40 received Royal Assent on December 18, 2001. The bill amended paragraph 27(2)(c) of the EI Act, which describes when employment is not “suitable employment” for the claimant.

Bill C-49

Bill C-49 received Royal Assent on March 27, 2002. The amended sections relating to the EI Act include:

1. if a newly born or adopted child is hospitalized, the benefit period is extended by the number of weeks during which the child is hospitalized;
2. the benefit period and entitlement to special benefits for maternity claimants who, without the amendment, could not receive all their special benefits, can be extended;
3. the maximum number of combined weeks is 50. If the benefit period is extended under s. 10 the maximum number of combined benefits is 65; and
4. no extension of the benefit period for special benefits may result in a period longer than 67 weeks, unless the benefit period is also extended because of a hospitalized newborn or adopted child.

Bill C-10

Bill C-10 received Royal Assent on March 12, 2009. The bill extended regular benefits by 5 weeks. The extension expires on September 10, 2010.

XVII. AUTHORIZATION FOR REPRESENTATIVES

If a student plans to act for a claimant, or obtain information from the Commission on his or her behalf, the student should have the claimant sign an authorization form:

EMPLOYMENT IMMIGRATION COMMISSION:

I, _____, SIN# ____ ____, hereby authorize you to release any and all information required by _____, or the (University of British Columbia) Law Students' Legal Advice Program, which they may request of you.

DATE:

In addition, the claimant should complete a Personal Information Request Form (available from LSLAP's office) to obtain all documents, memos, notes, e-mail messages, and other records pertaining to the EI claim. An electronic copy of the form is also available online at: infosource.gc.ca.

XVIII. APPENDIX INDEX

- A. CHECKLIST FOR INITIAL EI APPLICATION
- B. CHECKLIST FOR APPEAL TO THE BOARD OF REFEREES
- C. SAMPLE APPEAL LETTER TO THE BOARD OF REFEREES
- D. LOWER MAINLAND EI OFFICES

APPENDIX A: CHECKLIST FOR INITIAL APPLICATION TO EI

I. ADVICE IF CLIENT HAS NOT YET APPLIED FOR EI:

A. APPLY IMMEDIATELY

- Apply during the first full week of unemployment.
- DO NOT wait for the Record of Employment to apply.
- If the application was not filed in the first week, then the claimant should ask for the claim to be “antedated” to the date it should have been filed. “Good cause” must exist to justify each day it was delayed prior to applying (see **Section V: The Benefit Period**).

B. WARNING

- Statements made unwittingly over the phone can be used to disqualify the claimant. To protect him or herself, the claimant can ask for a written summons to be mailed to them. Get advice before replying.

C. HOW LONG DOES IT TAKE TO PROCESS THE APPLICATION?

- From six to eight weeks depending on administrative delay. Benefits can be retroactive if there is an administrative delay.
- Emergency financial support** can be obtained from income assistance: this is a **loan** and it must be **repaid** when the client receives EI

D. REASON FOR LEAVING

1. DID YOU LEAVE VOLUNTARILY?

- Why did the claimant leave?
- Was there “just cause” (see **Section VIII.E.1: Just Cause for Voluntarily Leaving Employment**)?
- The Commission’s determination of “just cause” can be appealed to the Board of Referees.

2. WERE YOU FIRED?

- Why was the claimant fired?
- Was there “misconduct” by the claimant (see **Section VIII.E.2: Misconduct**)?
- The determination of “misconduct” can be appealed to the Board of Referees.

E. QUALIFYING FOR EI

1. AVAILABILITY

- a) Are you available for work?
 - Caring for others may mean you are **not** available for work. What arrangements for childcare, for instance, have you made when you obtain work?
 - Studying full time means you are not available for work.
 - Studying part time may also mean you are not considered available for work. You will have to prove availability, i.e. that a course does not interfere with the job search (see **Section VIII: Benefit Entitlement**).
 - You cannot be on vacation.

- Narrowly restricting your salary expectations, the type of work sought, the work location, or your work schedule can result in a determination that you are **not** available for work.

2. CAPABILITY

a) Are you capable of working?

- You cannot be ill or injured or otherwise incapable of working to qualify (see **Section VII.C: Sickness Benefits** and **VII.E: Pregnancy Benefits**).

3. UNABLE TO FIND SUITABLE EMPLOYMENT

a) Were you offered employment that was unsuitable?

- Were you offered employment in the same occupation for **lower pay**, in **poorer working conditions**?
- Were you offered employment in a different occupation, but at **lower pay** in **poorer working conditions**?

b) Keep a Job Search Record (see **Section X.A: Job Search Record**)

- Where have you sent resumes? Write down the date, and the names, addresses, and phone numbers of companies contacted.
- Names of people who you spoke with.
- What dates did you check the job postings board?
- Have you participated in any job search clubs?

F. APPEAL ANY UNFAVOURABLE DECISION

APPENDIX B: CHECKLIST FOR APPEAL TO BOARD OF REFEREES

I. DEADLINE TO APPEAL

- 30 days** from the claimant's receipt of the decision being appealed.

II. IF THE DEADLINE HAS EXPIRED

- The client may appeal the HRDC's decision to not allow the appeal if it can be shown that **valid reasons** prevented the client from making the deadline. For instance, sickness, illiteracy, and misinformation by the EI office have all been held to be valid reasons.

III. WHERE TO APPEAL

- The appeal must be sent to the **same office** that informed the claimant of the decision under appeal.
- The appeal **must be in writing**.
- The appeal must contain the claimant's social insurance number (SIN).

IV. WHAT CAN BE APPEALED?

- Any** unfavourable decision from the HRDC can be appealed.
- Decisions relating to false declarations should **always** be appealed.
- Penalties imposed by the Commission can be appealed. The specific **amount** of the penalty can also be appealed.
- The Commission's determination of what constitutes "just cause" or "misconduct" can be appealed.

V. INFORMATION TO OBTAIN FROM CLIENT FOR APPEAL LETTER

A. NAME

B. SIN

C. DECISION OR DETERMINATION BEING APPEALED:

1. IF APPEALING A DISENTITLEMENT OR DISQUALIFIED FOR BENEFITS

- a) Place of Employment
- b) Period of Employment
- c) Earnings for that Period
- d) Reasons for Ceasing Employment

2. IF APPEALING A DETERMINATION OF A FALSE DECLARATION

- a) The Commission has the burden of proving the claimant **knew** the statement was false or misleading **at the time it was made**. Was this burden met?
 - Was there a false declaration?
 - Did the claimant know it was false **after** it was made?
 - Did the claimant **know** the declaration was false?
- b) Appeals of the amount of a penalty.

- Did the Commission ignore relevant circumstances? For example, the claimant's ability to pay.
- What circumstances were ignored?

D. WAS THERE ANY MISLEADING ADVICE GIVEN BY THE EI OFFICE TO THE CLAIMANT?

1. WHAT ADVICE WAS GIVEN?

- For instance, did the staff at EI office imply there was no appeal? Did the staff say there were no benefits for a temporary employment period?

2. WHO GAVE IT?

3. WHEN?

4. WHAT WAS THE EFFECT?

E. THE CLAIMANT'S ACTIONS TO FIND WORK

F. REMINDERS

1. Obtain copies of the notice of disentanglement and benefit statements.
2. Have the client sign an authorization form so that you can access his or her file information (see **Section XVI: Authorization For Representatives**).
3. Under the Privacy Act, clients can request all information in their files. This is important to have in an appeal.

APPENDIX C: SAMPLE APPEAL LETTER

WITHOUT PREJUDICE

Board of Referees
Canada Employment Centre
Employment and Immigration Canada
125 East 10th Avenue
Vancouver, B. C. V5T 1Z3

Dear Sir or Madam;

Re: Appeal of Disentitlement for Ms. Smith, S.I.N. 123-456-789

Ms. Smith has consulted me with respect to the disentitlement of her benefits for the period of February 1989. She wishes to appeal this decision on the basis that she was misinformed of her right to appeal. She advises me as follows.

Ms. Smith was employed as a teacher at MoTown School in Vancouver from January 1, 1988 to June 30, 1988 earning a total of \$8,999 for that period. She returned to Calgary for the summer of 1988 and returned to Vancouver to begin employment for the Vancouver School Board in September 1988 as an assistant cooking teacher. After 8 to 10 days of employment, Ms. Smith was unable to work for medical reasons. Subsequently, Ms. Smith received sick benefits through the Employment Insurance program for a period ending in January 1989. At this time Ms. Smith applied for and began receiving regular benefits. She was willing to work and continued searching for a job. She found temporary employment for the period between February 12, 1989 and March 12, 1989 as a nanny with Mrs. Rosie Grodin at 3398 23th Street, N. E., Calgary, Alberta.

Pursuant to the Employment Insurance plan, Ms. Smith requested approval from an agent at 125 East 10th Avenue, prior to employment, to continue to receive the regular benefits minus deductions for wages earned outside of the allowable 25 percent of the regular benefits payable. Her agent informed her that she was not permitted to do this and that she would be disentitled for this period. He also led her to believe that she could not appeal this decision. Subsequently, Ms. Smith received a notice of disentitlement of benefits beginning February 1, 1988 and had to reapply for benefits upon her return to Vancouver on or about March 12, 1989.

Ms. Smith further advises me that she had committed herself to this temporary employment and had an obligation to fulfil it. The employment involved childcare duties including shopping, cooking, cleaning, washing, and caring for two twelve year old children for one month while her employers were away from Calgary. In return, she received airfare in the amount of \$100, salary in the amount of \$200, and food valued at \$200. The total benefit received from this temporary employment was \$500.

According to the Employment Insurance Benefits plan, a claimant may earn up to 25 percent of his or her gross benefit rate through part-time or temporary employment. Any money earned over 25 percent is deducted from the claimant's EI cheque. Ms. Smith's weekly benefits for this four-week period of employment would be \$1,048 before deductions. It is submitted that 25 percent of this amount would be \$271.

Further, by deducting this allowable \$271 from the \$500 that Ms. Smith earned through her temporary employment in Calgary, the amount that should be deducted from her weekly benefits for that period would be \$229. Deducting this \$229 from her regular weekly benefits for this period in the amount of \$1,048 would leave a total of \$855 still owing.

It is submitted that through misleading information from her EI agent, Ms. Smith was led to believe that she was not entitled to any benefits for her temporary employment period in Calgary and could not appeal this decision. She has now advised me that she wishes to appeal this decision as she was working at a temporary position for only one month. This was not a vacation, as she worked very hard and reviewed the *Vancouver Sun* newspaper advertisements fully intending to apply for positions of employment before returning to Vancouver, should an opportunity arise.

Therefore, I submit that Ms. Smith be considered for an appeal of the February 1989 decision and be reinstated for entitlement for the period between February 1, 1989 and February 28, 1989. This would result in a benefit for that period of \$855 after deductions as indicated above.

Please find enclosed copies of the Notice of Disentitlement dated February 1989 and Benefit Statements for the period between January 3, 1989 and March 13, 1989. I look forward to your reply at your earliest convenience.

Thank you for your consideration of this letter.

Sincerely,

Your Name
Law Student

APPENDIX D: LOWER MAINLAND EI OFFICES

For a comprehensive list of all EI offices in B.C. please refer to:
www1.servicecanada.gc.ca/en/gateways/where_you_live/regions/offices/bc.shtml

Downtown Vancouver

Sinclair Centre
415 - 757 West Hastings Street
Vancouver, B.C. V6C 1A1
Telephone: (604) 681-8253

Tenth Avenue (Service in both English and French)

125 East 10th Avenue
Vancouver, B.C. V5T 1Z3
Telephone: (604) 872-7431

North Vancouver

100 - 221 West Esplanade
North Vancouver, B.C. V7M 3N7
Telephone: (604) 988-1151

Richmond

301 - 4940 Number 3 Road
Richmond, B.C. V6X 3A5
Telephone: (604) 273-6431

Burnaby

4279 Canada Way
Burnaby, B.C. V5G 4Y2
Telephone: (604) 437-3761

Langley

101 - 20621 Logan Avenue
Langley, B.C. V3A 7R3
Telephone: (604) 533-1201

Coquitlam

100 - 2963 Glen Drive
Coquitlam, B.C. V3B 2P7
Telephone: (604) 464-7144

Surrey

7404 King George Highway
Surrey, B.C. V3W 0L4
Telephone: (604) 590-3346

Abbotsford

32525 Simon Avenue
Abbotsford, B.C. V2T 6T6
Telephone: (604) 854-5852