



APPLICATION TO APPEAL to the SOCIAL SECURITY TRIBUNAL (SST) - APPEAL DIVISION

for applicants seeking to appeal a **summary dismissal decision** made by a SST
regarding their **Employment Insurance (EI), Canada Pension Plan (CPP), or Old
Age Security (OAS) Pension/Benefit**

INSTRUCTIONS FOR SUBMITTING AN APPLICATION

Disponible également en français

BEFORE YOU SUBMIT AN APPLICATION

You must complete ALL mandatory (required) fields.

- The application will not be considered filed until all mandatory information has been provided.
- Applicants are encouraged to use the interactive (electronic) version of the Application to Appeal form. The interactive version of the form automatically highlights the mandatory fields.

If your appeal was not summarily dismissed, use form: SST-ARLTATTAD to request leave to appeal to the Appeal Division.

1 - APPLICANT INFORMATION (PAGE 3)

Section 1 is to be completed using the Applicant's personal and contact information.

If applying on behalf of the Department of Human Resources and Skills Development Canada (HRSDC) or the Canada Employment Insurance Commission (CEIC), the following fields in Section 1, must be filled:

- | | | |
|---|---|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Postal/ZIP Code | <input type="checkbox"/> Fax Number |
| <input type="checkbox"/> City | <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Email Address |
| <input type="checkbox"/> Province/Territory/State | | |

Otherwise, the following fields, in Section 1, must be filled:

- | | | |
|--|---|--|
| <input type="checkbox"/> Applicant's Full Name | <input type="checkbox"/> City | <input type="checkbox"/> Telephone Number |
| <input type="checkbox"/> Social Insurance or Business Number | <input type="checkbox"/> Province/Territory/State | <input type="checkbox"/> Fax Number (if applicable) |
| <input type="checkbox"/> Address | <input type="checkbox"/> Postal/ZIP Code | <input type="checkbox"/> Email Address (if applicable) |

2 - REPRESENTATIVE INFORMATION (PAGE 3)

Section 2 is to be completed when the Applicant is other than HRSDC or CEIC and is represented.

The following fields, in Section 2, must be filled:

- ☐ Fill the appropriate circle based on whether the Applicant has a Representative. Only fill one circle.

If the Applicant has a Representative (i.e. "I have a Representative" was filled), an Authorization to Disclose form must be submitted with this Application to Appeal and the following fields must be filled:

- | | | |
|--|---|--|
| <input type="checkbox"/> Representative's First Name | <input type="checkbox"/> City | <input type="checkbox"/> Telephone Number |
| <input type="checkbox"/> Representative's Last Name | <input type="checkbox"/> Province/Territory/State | <input type="checkbox"/> Fax Number (if applicable) |
| <input type="checkbox"/> Representative's Address | <input type="checkbox"/> Postal/ZIP Code | <input type="checkbox"/> Email Address (if applicable) |

3 - DECISION UNDER APPEAL (PAGE 4)

Section 2 is to be completed using reasons based on the grounds in s. 58 of the *Department of Human Resources and Skills Development Act*.

58. (1) The only grounds of appeal are that

- (a) the General Division failed to observe a principle of natural justice or otherwise acted beyond or refused to exercise its jurisdiction;
- (b) the General Division erred in law in making its decision, whether or not the error appears on the face of the record; or
- (c) the General Division based its decision on an erroneous finding of fact that it made in a perverse or capricious manner or without regard for the material before it.

If you need more space, continue on a separate sheet. Clearly indicate the question number on the separate sheet.

The following fields, in Section 3, must be filled: **3(A) and 3(C)**

- ☐ 3(A) Date you Received the summarily dismissed decision from the SST General Division
- ☐ 3(B) Reason(s) for Late Appeal (if applicable – see "Decision Under Appeal, continued" on page 2 of instructions)
- ☐ 3(C) Reasons for the Appeal based on the grounds in s. 58(1) of the *Department of Human Resources and Skills Development Act*

3 - DECISION UNDER APPEAL (PAGE 4), continued

The SST must receive your application within 30 days of the date that you received your EI appeal decision or 90 days of the date that you received your CPP or OAS appeal decision (including mail time).

If the appeal is being made late, you must complete Section 3(B), Reason(s) for Late Appeal, and address the following criteria:

- | | |
|---|--|
| <input type="checkbox"/> Reasonable explanation for the delay | <input type="checkbox"/> Prejudice to HRSDC, CEIC or (other party if applicable) |
| <input type="checkbox"/> Continuing intent to appeal | <input type="checkbox"/> Any other reason |
| <input type="checkbox"/> Existence of an arguable case | |

4 - DECLARATION AND SIGNATURE (PAGE 5)

If the *form was completed by the Applicant*, the following fields, in Section 4, must be filled:

- | | |
|--|---|
| <input type="checkbox"/> Signature of the Applicant (Must be signed by the Applicant to be accepted) | <input type="checkbox"/> Date Signed by the Applicant |
|--|---|

If the *form was completed by a Witness*, the following fields, in Section 4, must be filled:

- | | | |
|---|---|---|
| <input type="checkbox"/> Name of Witness | <input type="checkbox"/> Witness' Address | <input type="checkbox"/> Postal/ZIP Code |
| <input type="checkbox"/> Signature of the Witness | <input type="checkbox"/> City | <input type="checkbox"/> Telephone Number |
| <input type="checkbox"/> Date Signed by Witness | <input type="checkbox"/> Province/Territory/State | |

If the *Applicant is Represented* ("I have a Representative" was selected in Section 2), a signature from the Applicant is not required. The following fields, in Section 4, must be filled:

- | | |
|--|--|
| <input type="checkbox"/> Signature of the Representative | <input type="checkbox"/> Date Signed by Representative |
|--|--|

ATTACHMENTS - The following documents must be attached to your printed Application to Appeal form:

- ☐ A copy of the SST decision that you wish to appeal.
- ☐ If you have a representative, attach an Authorization to Disclose signed by both yourself and your representative.

MAILING INSTRUCTIONS

- ☐ Mail this Application to Appeal and attachments to:

Social Security Tribunal
PO Box 9812 STN T CSC
Ottawa, ON
K1G 6S3

CONTACT INFORMATION

Need help completing the forms? The SST hours of operation are 07:00 to 20:00 (EST).

Internet : www.canada.gc.ca/sst-tss

E-Mail : info.sst-tss@canada.gc.ca

Telephone: 1-877-227-8577

Fax: 1-855-814-4117

TTY: 1-800-465-7735

REMINDERS

As per s.6 of the *Social Security Tribunal Regulations*: "A party must file with the Tribunal a notice of any change in their contact information without delay." Failure to do so could have a detrimental impact on your application.

Notify the SST if you authorize a Representative after submitting this Application.

Keep a copy of this Application to Appeal and supporting documents for your records.

PROTECTION OF PERSONAL INFORMATION

The information you provide is collected under the authority of the *Department of Human Resources and Skills Development Act, Old Age Security Act, Employment Insurance Act, and Canada Pension Plan* to file an Application to Appeal.

The Social Insurance Number (SIN) is collected under the authority of the *Department of Human Resources and Skills Development Act*, and the *Social Security Tribunal Regulations* and in accordance with the Treasury Board Secretariat Directive on the SIN. The SIN will be used as a file identifier.

Participation is voluntary. Refusal to provide the specified personal information may prevent the appeal from being properly filed.

The information you provide will be shared with all the parties to the appeal including HRSDC and may also be shared with HRSDC for the purpose of reporting.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the *Department of Human Resources and Skills Development Act, Old Age Security Act, Employment Insurance Act, Canada Pension Plan* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank(s) under development. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address:

<http://www.infosource.gc.ca>.

Info Source may also be accessed on-line at any Service Canada Centre.



APPLICATION TO APPEAL TO THE APPEAL DIVISION

If the SST General Division did not summarily dismiss your previous appeal, use form: SST-ARLTATTAD

FOR OFFICE USE ONLY

Date Stamp

1 - APPLICANT INFORMATION

Applicant's Full Name	Social Insurance Number (if applicable)
-----------------------	--

CURRENT ADDRESS

Address (No. Street, Apt., R.R.)		City
Province / Territory / State	Country	Postal / Zip Code

ADDITIONAL CONTACT INFORMATION

Telephone Number	Other Telephone Number
------------------	------------------------

Do you (the Applicant) have a fax number? If yes, you must provide it.

☐ No ☐ Yes (specify) Fax Number:

Do you (the Applicant) have an email address? If yes, you must provide it.

☐ No ☐ Yes (specify) Email Address

2 - REPRESENTATIVE INFORMATION

☐ I will represent myself ☐ I have a representative

If you answered "I have a representative", complete the fields below and the Authorization to Disclose form.

Representative's First Name	Representative's Last Name	Name of Company, Association, or Organization
Representative's Address (No., Street, Apt., R.R.)		Suite / Unit Number
City	Province / Territory / State	Country
Postal / Zip Code	Telephone Number	Other Telephone Number

Does your Representative have a fax number? If yes, you must provide it.

☐ No ☐ Yes (specify) Fax Number:

Does your Representative have an email address? If yes, you must provide it.

☐ No ☐ Yes (specify) Email Address

3 - DECISION UNDER APPEAL

If you need more space, continue on a separate sheet. Clearly indicate the question number on the separate sheet.

A) APPEAL DECISION INFORMATION

Date you Received the Attached Appeal Decision
Year Month Day

If you are appealing more than 30 days after receiving an EI appeal decision or 90 days after receiving a CPP or OAS appeal decision, please explain the reasons for the delay in 3 (B). If not skip to 3 (C).

B) REASON(S) FOR LATE APPEAL (if applicable - see instructions on page 2)

C) REASON(S) FOR APPEAL - (see instructions on page 1)

Based on the grounds in s. 58(1) of the *Department of Human Resources and Skills Development Act* I am appealing because:

4- DECLARATION AND SIGNATURE

PART 1 -TO BE COMPLETED if you do not have a Representative

I hereby appeal the summarily dismissed decision of the Social Security Tribunal and declare that, to the best of my knowledge and belief, all of the information in this Application to Appeal form is true and complete.

Signature of the Applicant

Year Month Day

PART 2 -TO BE COMPLETED BY A WITNESS IF THE APPLICANT COULD NOT COMPLETE THE FORM

I have completed and have read the contents of this Application to Appeal form to the Applicant, who made his/her mark, under *Signature of the Appellant* in Part 1, in my presence.

Name of the Witness (print)

Signature of the Witness

Year Month Day

Witness' Address (No., Street, Apt., R.R)

City

Province / Territory / State

Country

Postal / Zip Code

Telephone Number

PART 3 -TO BE COMPLETED BY A REPRESENTATIVE OF THE APPLICANT if applicable

I hereby appeal the summarily dismissed decision of the Social Security Tribunal on behalf of the Applicant and declare that to the best of my knowledge and belief, all of the information in this Application to Appeal is true and complete.

Note: If you are representing an Applicant, complete and submit a signed Authorization to Disclose with this notice of appeal form. The Applicant must sign the Authorization to Disclose.

Signature of the Representative

Year Month Day