



NAME: _____
First Middle Initial Last

GMIN: _____ Tax Year: _____

The Repayment Calculation will consider income from the below noted sources.
Check off and attach copies of the following tax slips that accompany this application.

	Type of Income	Tax Slip	Source of Income
	Employment Income	T4	GM of Canada
	SUB Benefits	T4A	GM of Canada
	Taxable Benefits - Legal Services Plan	T4A	GM of Canada
	Sick and Accident Benefits	T4A	GM of Canada
	WSIB Benefits	T5007	WSIB
	EI Benefits	T4E	HRDC
	Notice of Assessment		CRA

All other income and/or tax slips received from any other source (ie: investment income (T5), other non GM employment (T4), capital gains etc) that may cause net income to exceed the repayment threshold, will not be considered in the reimbursement calculation.

The submission of the application does not constitute assurance that a benefit will be paid. Any such payment is conditional upon satisfactory fulfillment of the applicable eligibility of the Plan. Repayment of EI clawback is a considered income and is fully taxable.

I hereby represent that the information I am providing with this application is true and correct to the best of my information and belief and that I have not made any other application for EI repayment from any other Company location or other employer for the tax year covered by this application.

Signature: _____ Date: _____