

## **CORRECTION REQUEST**

**Please fax the completed form to 905-739-4003**

Please use the form below to send a request to CUPE. It is important that you provide complete, accurate and up to date information in order for CUPE to process your correction request. Be sure to use a current and regularly checked phone number and email address so we can contact you.

***\*\* It is important that you fill out the form below; if you fail to provide complete, accurate and up-to-date information, you may not receive financial compensation under the Bill 115 remedy.***

First Name:	Last Name:
Date of Birth YYYY/MM/DD:	Last 3 digits of Social Insurance Number:
School Board Name:	
Worksite Name:	CUPE Local #:

Dates that you worked as a CUPE Education Worker in a school board in Ontario (required, please select the most accurate answer):

- Sept. 1 , 2012 - Aug. 31, 2013       Sept. 1 , 2013 - Aug. 31, 2014
- Sept. 1 , 2012 - Aug. 31, 2014

What Job(s) did you work?:	
Phone Number:	Email Address:

Are you the executor of an estate for the applicant? (i.e. Is the applicant deceased?)

Yes                       No

Executor First Name:
Executor Last Name:
Executor Phone #
Executor Email Address:

**CORRECTION REQUESTS MUST BE RECEIVED BY NOVEMBER 10, 2017.**