

Advice for completing Employment Insurance Reports for participants in a SELF-EMPLOYMENT PROGRAM

Background

An Employment Insurance (EI) recipient is required to declare participation in a Self-employment program when completing their biweekly report for benefits. Active regular benefit recipients, who are authorized to participate in an eligible Self-employment program, are considered to be unemployed, capable of, and available for work during the period they have been authorized to attend.

Self-Employment program participants

Question	Response
<p>Did you work during the period of this report?</p> <p>If yes, complete A, B and C on side 2.</p>	<p>Will be answered YES.</p> <p>Write 'Self-employment' in the space provided in 1b, and complete Blocks A, B and zero earnings in Block C on side 2 of this card. Earnings from other sources are to be reported in Block F on Side 2 and Question 5 on Side 1.</p> <p>Note: Earning arising from your self-employment are not reported while authorized to participate.</p>
<p>Did you start a full-time job during the period of this report?</p> <p>If yes, give date started below.</p>	<p>Will be answered NO in relation to participation in a Self-employment program.</p>
<p>Did you attend school or a training course during the period of this report?</p> <p>If yes, indicate the number of hours attended and any Training Allowance received, and indicate from whom this money was received.</p>	<p>Typical response is NO.</p> <p>Note: Do not declare Alberta Works living allowances on your bi-weekly report.</p>
<p>Were you ready, willing and capable of working each day?</p> <p>If no, give date(s) and reason(s) below.</p> <p>Complete E on Side 2, if applicable.</p>	<p>Typical response is YES.</p> <p>While participating in an approved Self-employment program you have a desire to work and are willing to improve or acquire the skills that will increase your opportunities for employment.</p> <p>If you are unable to attend your program, you are to answer 'NO' and give the date(s) and reason(s) you were not available.</p>

Advice for completing Employment Insurance Reports for participants in a SELF-EMPLOYMENT PROGRAM

Did you or will you receive money other than that already reported in C, D, and E on Side 2?	Typically will be answered NO . Answer YES, if reporting income from a source other than self-employment. Income from self-employment is not declared, other income <u>must</u> be reported.
--	---

Side 2 of the EI Reporting Card

- Block A - Enter hours and dates
- Block B - Enter 'self-employment program' for each week attended
- Block C - Zero earnings
- Block D - DO NOT enter monies you receive from Alberta Works or Employment Insurance.
- Block F - Other Monies. If you answered 'YES' to Question #5, enter the amount of money received in this space.

I DECLARE THAT THE INFORMATION GIVEN ON BOTH SIDES OF THIS FORM IS TRUE AND GIVEN TO PROVE MY ENTITLEMENT TO UNEMPLOYMENT INSURANCE BENEFIT. I AM AWARE THAT I MAY BE PENALIZED OR BE LIABLE TO PROSECUTION FOR MAKING FALSE OR MISLEADING STATEMENTS KNOWINGLY.
 JE DÉCLARE QUE LES RENSEIGNEMENTS FOURNIS DES DEUX CÔTÉS DE LA PRÉSENTE FORMULE SONT EXACTS ET ONT POUR OBJET D'ÉTABLIR MON DROIT AUX PRESTATIONS D'ASSURANCE-CHÔMAGE. JE SAIS QUE DES PEINES PEUVENT ÊTRE IMPOSÉES OU DES POURSUITES ENGAGÉES CONTRE MOI SI JE FAIS SCIEMIENT DES DÉCLARATIONS FAUSSES OU TROMPEUSES.

SIDE 2 / CÔTÉ 2 SIGNATURE *Jane Smith* DATE *13/10/03*

COMPLETE SIDE 1 FIRST - REMPLIR CÔTÉ 1 D'ABORD

NAME - NOM: Jane Smith S.I.N. - N.A.S.: 123 456 789 C.E.C.: 5910 C.W. - I.S.: 1354 WKS-SEM: 2

CPS/SMP: C CT-GD: 2 46 O.P.-T.P.: SE 51 DD - I-E1: 52 DD - I-E2: 65 T/F:

THIS REPORT COVERS THE WEEK(S) OF CETTE DÉCLARATION COUVRE LA(S) SEMAINE(S) OU

	1 st WEEK - 1 ^{er} SEMAINE				2 nd WEEK - 2 ^e SEMAINE			
	D-J	M	Y-A	TO - À	D-J	M	Y-A	TO - À
A TOTAL HOURS AND DATES WORKED / HEURES TOTALES ET DATES DE TRAVAIL	33		01 06 03 TO - À 07 06 03		33		08 06 03 TO - À 14 06 03	
B NAME AND ADDRESS OF EMPLOYER / NOM ET ADRESSE DE L'EMPLOYEUR	ABC Painting (SE Program)				ABC Painting (SE Program)			
C TOTAL EARNINGS BEFORE DEDUCTIONS / REMUNÉRATION BRUTE TOTALE	\$ 0				\$ 0			
D TRAINING ALLOWANCE AND TOTAL HOURS / ALLOCATION DE FORMATION ET HEURES TOTALES	\$				\$			
E GROUP SICKNESS / MATERNITY INSURANCE / INDEMNITÉ D'ASSURANCE COLLECTIVE / MALADIE / MATERNITÉ	\$				\$			
F OTHER MONIES BEFORE DEDUCTIONS / AUTRES SOMMES BRUTES TOTALES	\$ 100				\$ 125			

DO NOT FOLD, MUTILATE OR STAIN / NE PAS PLEIER, ENDOMMAGER OU TACHER

EI Biweekly Reports
 For additional advice, please contact the
 EI Telephone Information Service at
 1-800-206-7218.

