

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

Background

While receiving Employment Insurance (EI) benefits, an EI recipient is required to complete paper reports to show that they are eligible to continue receiving benefits. Active regular benefit recipients, 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

Answer the questions by shading the appropriate block and provide additional details as requested.

During the period of this report:

1 a	Were you outside of Canada between Monday and Friday? (Answer "Yes" if you were outside Canada between Monday and Friday. Answer "No" if you were outside Canada during the weekend only.) If "Yes", complete 1b.	YES	NO
1 b	Was your absence from Canada for a period of more than 24 hours, not including any hours that fell on the weekend?	YES	NO
1 c	For all absences from Canada, provide the following:		
	Departure Date:	Time:	AM/PM
	Return Date:	Time:	AM/PM
	Reason for absence:		
2 a	Did you work, including work for which you will be paid later, unpaid work or self-employment? If "Yes", complete 2b, 2c, 2d, and 2e:	YES	NO
2 b	Total hours and dates worked:	Hours:	Date(s):
2 c	Name and address of employer:		
2 d	Total earnings before deductions:		
2 e	If you stopped working, give the reason(s):		

Question	Response
Q 1a. Were you outside of Canada between Monday and Friday?	If the answer is no, go to question 2a. If the answer is yes, go to question 1b.
Q 1b. Was your absence from Canada for a period of more than 24 hours, not including any hours that fell on a weekend?	If the answer is no, go to question 2a. If the answer is yes, go to question 1c.
Q 2a. Did you work, including work for which you will be paid later, unpaid work or self-employment?	Must be answered YES and indicate (SEB) in parentheses (while enrolled in the Self-employment (Benefits) Program). Earning arising from your self-employment venture are not reported. If working in other employment, write SEB/Other and then answer questions 2b, 2c and 2d if necessary.

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Question	Response
Q 3a. Did you start a full-time job?	Will be answered NO while participating in the Self-employment program. However, if you leave the program to start a full-time job answer YES.
Q 4a. Did you attend school or a training course(s)?	Must be answered NO while participating in the Self-employment program. If attending another program answer YES and then answer questions 4b and 4c. Note: Do not declare Foundational Learning Assistance living allowances on your bi-weekly report.
Q 5a. Were you ready, willing and capable of working each day? If no, give date(s) and reason(s) below. Complete E on Side 2, if applicable.	Typical response is YES . While participating in a Self-employment program your actions show that you are willing to improve or acquire the skills to increase your employment opportunities. If you are unable to attend, you are to answer 'NO' and give the date(s) and reason(s) you were not available.
Q 6a. Did you or will you receive money other than that already reported in 2d or 4c?	Typically will be answered NO unless you receive monies from another source other than the Self-employment program/venture. Answer YES, if reporting income from a source other than the Self-employment program/venture and answer questions 6b, 6c and 6d.

3 a Did you start a full-time job? If "Yes", give the date you started: <input type="text"/> Date: <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4 a Did you attend a school or training course(s)? If "Yes", indicate the number of hours attended and any training allowance received in 4b, and indicate from whom this money was received in 4c: 4 b Training allowance and total hours: \$ <input type="text"/> Hours: <input type="text"/> 4 c Received from: <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5 a Were you ready, willing and capable of working each day? If "No", complete 5b and 5c, give the date(s) and reason (s). Complete 5d if applicable: 5 b Date(s): <input type="text"/> 5 c Reason(s): <input type="text"/> 5 d Group sickness/maternity insurance: <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6 a Did you or will you receive money other than that already reported in 2d or 4b above? If "Yes", complete 6b and 6c, indicating from whom and the reason this money was received, and 6d, indicating the amount. 6 b Received from: <input type="text"/> 6 c Reason received: <input type="text"/> 6 d Other monies before deductions: \$ <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

For more information, visit Canada.ca/ei or call 1-800-206-7218 or TTY: 1-800-529-3742