



Social Security
Tribunal of Canada

Tribunal de la sécurité
sociale du Canada

Citation: *A. C. v. Canada Employment Insurance Commission*, 2017 SSTGDEI 43

Tribunal File Number: GE-16-3624

BETWEEN:

A. C.

Appellant

and

Canada Employment Insurance Commission

Respondent

SOCIAL SECURITY TRIBUNAL DECISION
General Division – Employment Insurance Section

DECISION BY: Amanda Pezzutto

HEARD ON: March 8, 2017

DATE OF DECISION: April 3, 2017

REASONS AND DECISION

PERSONS IN ATTENDANCE

The Appellant – A. C.

INTRODUCTION

[1] The Appellant stopped working on June 26, 2015 and applied for employment insurance regular benefits on July 2, 2015. The Appellant did not submit a Record of Employment (ROE) and so the Canada Employment Insurance Commission (Commission) did not establish a benefit period. The Appellant contacted the Commission for assistance on June 9, 2016 and her employer eventually submitted the ROE on June 30, 2016. The Commission determined that the Appellant was not entitled to benefits from June 28, 2015 to June 3, 2016 because she had failed to show good cause for her delay in submitting the ROE. The Appellant requested a reconsideration of the Commission's decision on August 10, 2016. The Commission maintained its initial decision and notified the Appellant by letter dated September 7, 2016. The Appellant appealed to the Tribunal on September 26, 2016.

[2] The hearing was held by Teleconference for the following reasons:

- a) The fact that the Appellant will be the only party in attendance.
- b) The information in the file, including the need for additional information.
- c) The form of hearing respects the requirement under the *Social Security Tribunal Regulations* to proceed as informally and quickly as circumstances, fairness and natural justice permit.

ISSUE

[3] The Tribunal must decide whether the Appellant's initial claim for benefits can be considered to have been made on an earlier day, pursuant to subsection 10(4) of the *Employment Insurance Act* (Act).

EVIDENCE

[4] The Appellant applied for employment insurance regular benefits on July 2, 2015. On her application, she stated that her last day of work was June 26, 2015. A notification on the application advised her of the obligation to submit an ROE for her employment and asked her about the status of the ROE. The Appellant stated that she would be submitting the ROE to Service Canada or that it had already been submitted (GD3-3 to GD3-13).

[5] On June 6, 2016, the Appellant submitted a letter to the Commission requesting payment of benefits for July to September 2015. She stated that she had a fall at a mall on November 29, 2014 and claimed sickness benefits for three weeks. She stated that she eventually received a payment for lost wages and medical expenses from the mall's insurance company on October 14, 2015. She stated that she was supposed to be on employment insurance from July to September 2015, and reported biweekly, but did not receive any benefits for the period. She stated that she did not notice that she had not received any benefits until October 2015 because her sister was sick and eventually passed away in November 2015. She stated that she came to Service Canada a few months later to inquire but they told her to submit a request in writing (GD3-17).

[6] On June 30, 2016, the Appellant's employer electronically submitted the ROE. The ROE stated that the Appellant worked from September 2, 2014 to June 26, 2015 (GD3-14).

[7] The Commission reviewed the Appellant's file and noted that a benefit period had never been established but noted that she had completed biweekly reports from July to December 2015 (GD3-18).

[8] The Commission contacted the Appellant for details on July 22, 2016. The Appellant stated that her employer had told her that they would submit her ROE electronically and so she did not contact the Commission to inquire about her initial claim until October or November 2015. She stated that the Commission advised her to submit a request for assistance in writing but she did not submit the request until June 2016 because her sister died in November 2015. She also stated that she had returned to work and did not usually get employment insurance until July or August each year (GD3-19).

[9] The Appellant stated that she had hoped to receive regular benefits for the period of July to August 2015 and that she had returned to work on September 8, 2015 (GD3-21).

[10] The Commission determined that the Appellant was not entitled to benefits from June 28, 2015 to June 3, 2016 because she had failed to show good cause for her delay in submitting the ROE or informing the Commission of any difficulty in obtaining the ROE. The Commission notified her of this decision verbally on July 22, 2017 (GD3-19) and by letter dated August 2, 2016 (GD3-22).

[11] The Appellant requested a reconsideration of the Commission's decision on August 10, 2016. On her request for reconsideration, she restated that she had received sickness benefits after a fall in November 2014, and finally received a settlement from an insurance company in October 2015. She stated that she did not know that her employer and the insurance company had stopped her ROE in June 2015 (GD3-23 to GD3-24).

[12] The Appellant's employer submitted a letter to the Commission on September 1, 2016, stating that, due to "unfortunate circumstances," the ROE for 2015 had not been submitted until June 30, 2016 (GD3-25).

[13] The Commission contacted the Appellant on September 7, 2016. The Commission advised the Appellant that the onus was on her, as the claimant, to submit the ROE and that she had to show good cause for her delay in failing to submit the ROE. The Appellant stated that her employer was supposed to submit her ROE electronically, but the insurance company stopped her employment insurance. She stated that she had sued the insurance company in June 2015, when her ROE would have normally been issued, and she did not receive a settlement until October 2015. She stated that her employment insurance benefits usually went straight into her bank account and she did not notice that she had not received benefits because her sister was very sick. She stated that she called her employer about her missing employment insurance benefits in April, May, and June 2016. The Appellant stated that a Service Canada agent told her in October or November 2015 that her ROE was missing (GD3-28).

[14] The Commission spoke to the Appellant's manager on September 7, 2016. He stated that the ROEs are usually completed automatically by payroll, but they made an error and the

Appellant's ROE was not issued until the following year. He stated that, since the Appellant's sister was ill, she probably did not think to follow up about the missing ROE. He stated that the Appellant probably spoke to him in April, May, or June 2016 about the missing ROE and that their internal systems failed the Appellant. He stated that she should not be penalized when it was the employer's fault (GD3-29 to GD3-30).

[15] The Commission determined that the Appellant had failed to show good cause for her delay in submitting the ROE or enlisting the Commission's assistance in obtaining the ROE. The Commission verbally notified the Appellant of the decision to maintain the initial decision on September 7, 2016 (GD3-31 to GD3-32) and by letter dated September 7, 2016 (GD3-33).

[16] The Appellant appealed to the Tribunal on September 26, 2016. On her notice of appeal, she stated that her employer had never informed her that they had stopped her ROE without her knowledge. She restated that she had a fall in November 2014 but did not receive compensation until October 2015. She stated that a miscommunication between her employer and employment insurance led to her employer stopping her ROE (GD2-1 to GD2-3).

[17] At the hearing, the Appellant stated that she had to take time off of work after she fell on ice outside of a mall in November 2014 and her boss was mad at her because of this. She stated that she received employment insurance sickness benefits for three weeks. She stated that her employer asked her to come into work while she was still off work and she refused. She stated that she spent many months emailing back and forth with the mall's insurance company to settle her claim.

[18] The Appellant stated that, during her time dealing with the insurance company, she did not realize that her employer had stopped her ROE. She stated that her employer's head office in Toronto issues ROEs and employees are not allowed to contact head office directly; all requests had to go through her boss. She stated that she went to Service Canada in July and August 2015 to ask why she had not received employment insurance and also phoned her supervisor. She stated that her employment insurance benefits have been late before and she thought maybe it was just late. She stated that, by September, when she still had not received benefits, she thought that they were deducting the money she had received as compensation

from the insurance company. She stated that she finally received compensation from the mall's insurance company in October 2015 and submitted a copy of the cheque to Service Canada.

[19] The Appellant restated that her sister was very sick throughout the summer of 2015 and passed away on November 7, 2015.

[20] The Appellant stated she did not see her boss every day, because they work at different locations, but he never told her that the ROE had never been issued. She stated that she asked him why he stopped her ROE in March or April 2016. She stated that she thinks he stopped her ROE on purpose because he was mad at her for taking sick leave after her injury.

[21] The Appellant stated that Service Canada told her that her ROE was missing in July 2015. She stated that she knew she still had not received benefits when she returned to work in September 2015, but her sister was sick and she was exhausted and sick from taking care of her. She stated that, by January 2016, she knew she still had not received benefits but thought that it was because they had deducted her payments because of the private insurance settlement. She stated that her boss should have told her that he stopped the ROE so she could tell the Commission.

[22] The Appellant stated that she did not even know what the ROE was and had never had a problem with getting employment insurance before.

[23] The Tribunal asked why the Appellant did not contact Service Canada for help with the missing ROE and she stated that her work hours prevented her from reaching the Service Canada Centre in her home area before closing. She stated that she eventually submitted a request for assistance in June 2016 because her work slowed down and she was able to get to the Service Canada Centre before it closed. She stated that she could not call the call centre because she was too busy at work.

SUBMISSIONS

[24] The Appellant submitted that:

- a) Her employer was supposed to submit the ROE electronically and it was not her fault that her employer failed to submit the ROE. She completed her biweekly reports as

required and should not have had to worry about her employer submitting the ROE. She asked her employer about the missing ROE and they took no action.

- b) During the period of delay, she was preoccupied with her own injury, negotiating with a private insurance company for a settlement, her sister's illness and death, and then returning to work. She could not contact the Commission because her work hours prevented her from going in-person to a Service Canada Centre or calling the call centre.

[25] The Respondent submitted that:

- a) The Appellant did not act as a reasonable person would have done to ensure that the Commission received her ROE. She knew as early as October 2015 that the ROE was missing, but did not take steps to have her employer issue the ROE or request assistance from the Commission.
- b) In order to show that she had good cause for her delay, the Appellant must show that she acted as a reasonable person in the same situation would have acted to ensure compliance with her rights and obligations under the Act.

ANALYSIS

[26] The relevant legislative provisions are reproduced in the Annex to this decision.

[27] The Tribunal notes that, in its submissions, the Commission argues that the Appellant has failed to submit reports on time, and refers to sections 10(5) and 50 of the Act and section 26 of the *Employment Insurance Regulations* (Regulations).

[28] Subsection 10(5) of the Act refers to the antedating of late claims, other than an initial claim for benefits, and states that a claimant must show good cause for any delay in making a claim for benefits.

[29] Section 26 of the Regulations refers to the time limit for making ongoing claims for benefits. In other words, section 26 of the Regulations sets out the time limit for submitting biweekly reports.

[30] The Tribunal is not satisfied that subsection 10(5) of the Act and section 26 of the Regulations are relevant to this appeal. The Tribunal notes that both the Appellant and the Commission acknowledge that the Appellant regularly submitted biweekly reports.

[31] Subsection 10(4) of the Act states that, in order for the Appellant's initial claim for benefits to start on an earlier date, she must prove that she qualified for benefits on the earlier date and that, throughout the period of delay, she had good cause for her delay in making an initial claim.

[32] Subsection 48(1) of the Act states that a claimant must make an initial claim for benefits in accordance with section 50 of the Act and prove their entitlement to benefits. Subsection 48(2) states that no benefit period may be established unless the claimant provides information about their employment circumstances in the form and manner required by the Commission.

[33] Section 50 of the Act sets out the manner in which an Appellant must make a claim for benefits. In particular, subsection 50(1) of the Act states that a claimant is not entitled to receive benefits for as long as they fail to comply with any requirement of section 50 of the Act. Subsection 50(5) states that the Commission may, at any time, require a claimant to provide additional information about a claim for benefits.

[34] Both the Appellant and the Commission agree that the Appellant applied for employment insurance benefits on July 2, 2015, shortly after she stopped working. However, both the Appellant and the Commission also agree that the Commission did not receive the Appellant's ROE until June 30, 2016, nearly a year after the Appellant applied for employment insurance.

[35] Accordingly, the Tribunal finds that the Appellant failed to perfect her initial claim for benefits until June 30, 2016, because she failed to provide her ROE in accordance with sections 48 and 50 of the Act. As a result, the Tribunal finds that the question to consider in this appeal is whether the Appellant's initial claim for benefits can be considered to have been on an earlier day, pursuant to subsection 10(4) of the Act.

[36] The Tribunal must decide whether the Appellant had good cause for her delay in making an initial claim for benefits.

[37] The Federal Court of Appeal has repeatedly held that the test for good cause is whether the claimant “acted as a reasonable person would have done in the same situation in order to satisfy himself of both his rights and obligations under the Act” (*Canada v. Beaudin*, 2005 FCA 123). The Court has also said that unless there are exceptional circumstances, a reasonable person is expected to take prompt steps to understand their entitlement to benefits and obligations under the Act (*Canada (Attorney General) v. Somwaru*, 2010 FCA 336). The burden of proof rests on the Appellant to show that she did what a reasonable and prudent person would have done throughout the entire period of the delay.

[38] The Commission submits that the Appellant knew by October 2015 that her employer had not submitted the ROE, but failed to request the Commission’s assistance until June 2016.

[39] The Appellant argues that it was not her fault that her employer submitted the ROE late and that she spoke to her employer about the missing ROE. She also argues that she was preoccupied with her own injury and her sister’s illness.

[40] The Tribunal accepts that the employer’s error led to the delay in preparing the ROE. The Tribunal notes that the Appellant has consistently stated that it was her employer’s error. The Tribunal also notes that the employer submitted a letter and confirmed to a Commission agent that they made a payroll error and failed to issue the ROE.

[41] The Tribunal acknowledges that the Appellant argues that her employer deliberately chose to withhold her ROE. However, the Tribunal finds that the employer’s actions do not suggest any malice towards the Appellant. The Tribunal notes that the employer provided her with a letter explaining the error and also told the Commission not to penalize the Appellant for their payroll error. Accordingly, the Tribunal is not satisfied that the employer’s failure to issue the ROE was deliberate or the result of any malice towards the Appellant. The Tribunal finds that the employer made an unfortunate payroll error and failed to issue the Appellant’s ROE in June 2015.

[42] The Tribunal also accepts that the Appellant’s employer usually submitted the ROE electronically to the Commission. The Tribunal accepts that the Appellant was not immediately

aware of the missing ROE because she was not usually responsible for submitting the ROE to the Commission.

[43] However, the Tribunal notes that the Appellant has stated, both to the Commission and during the hearing, that the Commission notified her of the missing ROE in 2015. Indeed, during the hearing, the Appellant stated that the Commission notified her of the missing ROE in July or August 2015. She told the Commission that a representative of the Commission advised her to submit a written request for assistance in October 2015. The Appellant also stated that she spoke to her employer about the missing ROE in the spring of 2016. Accordingly, the Tribunal finds that the Appellant was fully aware of the requirement to submit the ROE in order to perfect her initial claim for employment insurance; the Tribunal also finds that the Appellant knew that the ROE was missing as early as July 2015, shortly after she applied for employment insurance.

[44] The Tribunal accepts that the Appellant was preoccupied with communicating with a private insurance company about an injury claim and that this was not resolved until October 2015. The Tribunal also accepts that the Appellant was dealing with her sister's illness and eventual death in November 2015.

[45] However, the Tribunal notes that the Appellant continued to delay contacting the Commission for assistance in obtaining the ROE after January 2016. The Appellant testified that she spoke to her employer about the missing ROE in April 2016, but did not contact the Commission. The Tribunal accepts that the Appellant faced some difficulty in going to Service Canada in-person or contacting the call centre, but the Tribunal finds that the Appellant could have written a letter or visited a Service Canada Centre closer to her workplace.

[46] The Federal Court of Appeal has consistently held that, in order to show good cause, a claimant bears an obligation to take "reasonably prompt steps" to determine her rights and obligations under the Act and that "this obligation imports a duty of care that is both demanding and strict" (*Canada (Attorney General) v. Kaler*, 2011 FCA 266). The Tribunal finds that the Appellant has failed to show that she took reasonably prompt steps to satisfy herself of her rights and obligations under the Act. She has failed to demonstrate that she acted as a reasonable person in the same situation would have done to satisfy herself of her rights and obligations under the Act.

[47] The Tribunal also finds that the Appellant has failed to demonstrate that there were exceptional circumstances that prevented her from inquiring about her entitlement to employment insurance, particularly after January 2016.

[48] As a result, the Appellant has not met her burden of showing that she had good cause throughout the period of delay in making an initial claim for benefits.

[49] Having found that the Appellant has not shown good cause for her delay, the Tribunal declines to consider whether she qualifies for benefits on the earlier date.

CONCLUSION

[50] The appeal is dismissed.

Amanda Pezzutto
Member, General Division - Employment Insurance Section

ANNEX

THE LAW

10 (1) A benefit period begins on the later of

- (a) the Sunday of the week in which the interruption of earnings occurs, and
- (b) the Sunday of the week in which the initial claim for benefits is made.

(2) Except as otherwise provided in subsections (10) to (15) and section 24, the length of a benefit period is 52 weeks.

(3) Subject to a change or cancellation of a benefit period under this section, a benefit period shall not be established for the claimant if a prior benefit period has not ended.

(4) An initial claim for benefits made after the day when the claimant was first qualified to make the claim shall be regarded as having been made on an earlier day if the claimant shows that the claimant qualified to receive benefits on the earlier day and that there was good cause for the delay throughout the period beginning on the earlier day and ending on the day when the initial claim was made.

(5) A claim for benefits, other than an initial claim for benefits, made after the time prescribed for making the claim shall be regarded as having been made on an earlier day if the claimant shows that there was good cause for the delay throughout the period beginning on the earlier day and ending on the day when the claim was made.

(5.1) A claim for benefits referred to in section 23.1 with respect to a family member shall not be regarded as having been made on an earlier day under subsection (4) or (5) if

- (a) at the time the claim is made, all benefits that may otherwise have been payable in relation to that claim have already been exhausted;
- (b) the beginning of the period referred to in subsection 23.1(4) has already been determined with respect to that family member and the claim would have the effect of moving the beginning of that period to an earlier date; or
- (c) the claim is made in any other circumstances set out in the regulations.

(5.2) A claim for benefits referred to in section 23.2 with respect to a critically ill child or children who are critically ill as a result of the same event must not be regarded as having been made on an earlier day under subsection (4) or (5) if

- (a) at the time the claim is made, all benefits that may otherwise have been payable in relation to that claim have already been exhausted;

(b) the beginning of the period referred to in subsection 23.2(3) or (4) has already been determined with respect to that child or those children and the claim would have the effect of moving the beginning of that period to an earlier date; or

(c) the claim is made in any other circumstances set out in the regulations.

(6) Once a benefit period has been established for a claimant, the Commission may

(a) cancel the benefit period if it has ended and no benefits were paid or payable during the period; or

(b) whether or not the period has ended, cancel at the request of the claimant that portion of the benefit period immediately before the first week for which benefits were paid or payable, if the claimant

(i) establishes under this Part, as an insured person, a new benefit period beginning the first week for which benefits were paid or payable or establishes, under Part VII.1, as a self-employed person within the meaning of subsection 152.01(1), a new benefit period beginning the first week for which benefits were paid or payable, and

(ii) shows that there was good cause for the delay in making the request throughout the period beginning on the day when benefits were first paid or payable and ending on the day when the request for cancellation was made.

(7) A cancelled benefit period or portion of a benefit period is deemed never to have begun.

(8) A benefit period ends when any of the following first occurs:

(a) no further benefits are payable to the claimant in their benefit period, including for the reason that benefits have been paid for the maximum number of weeks for which benefits may be paid under section 12;

(b) the benefit period would otherwise end under this section; or

(c) [Repealed, 2002, c. 9, s. 12]

(d) the claimant

(i) requests that their benefit period end,

(ii) makes a new initial claim for benefits under this Part or Part VII.1, and

(iii) qualifies, as an insured person, to receive benefits under this Part or qualifies, as a self-employed person within the meaning of subsection 152.01(1), to receive benefits under Part VII.1.

(9) Whether or not the benefit period has ended, a request under paragraph 8(d) shall be regarded as having been made on an earlier day if the claimant shows that there was good cause

for the delay throughout the period beginning on the earlier day and ending on the day when the request was made.

(10) A claimant's benefit period is extended by the aggregate of any weeks during the benefit period for which the claimant proves, in such manner as the Commission may direct, that the claimant was not entitled to benefits because the claimant was

(a) confined in a jail, penitentiary or other similar institution and was not found guilty of the offence for which the claimant was being held or any other offence arising out of the same transaction;

(b) in receipt of earnings paid because of the complete severance of their relationship with their former employer;

(c) in receipt of workers' compensation payments for an illness or injury; or

(d) in receipt of payments under a provincial law on the basis of having ceased to work because continuing to work would have resulted in danger to the claimant, her unborn child or a child whom she was breast-feeding.

(11) A claimant's benefit period is extended by the aggregate of any weeks during an extension of a benefit period under subsection (10) for which the claimant proves, in such manner as the Commission may direct, that the claimant was not entitled to benefits because of a reason specified in that subsection.

(12) If the child or children referred to in subsection 23(1) are hospitalized during the period referred to in subsection 23(2), the benefit period is extended by the number of weeks during which the child or children are hospitalized.

(12.1) If, during the period referred to in subsection 23(2), the start date of a claimant's period of parental leave is deferred or a claimant is directed to return to duty from parental leave, in accordance with regulations made under the *National Defence Act*, the benefit period is extended by the number of weeks during which the claimant's parental leave is deferred or the claimant is directed to return to duty, as the case may be.

(13) If, during a claimant's benefit period,

(a) regular benefits were not paid to the claimant,

(b) benefits were paid to the claimant for more than one of the reasons mentioned in paragraphs 12(3)(a) to (e) and at least one of those benefits was paid for fewer than the applicable maximum number of weeks established for those reasons, and

(c) the maximum total number of weeks established for those reasons is greater than 50,

the benefit period is extended so that those benefits may be paid up to that maximum total number of weeks.

(13.1) A claimant's benefit period that has not ended before July 3, 2016, or that begins on or after that date, is extended by 17 weeks if the number of weeks for which benefits may be paid to the claimant has been increased as a result of subsection 12(2.1).

(13.2) Subject to subsections (13.7) and (14.1), if a claimant's benefit period ended before July 3, 2016, that benefit period is deemed, despite subsection (8), not to have ended and it is extended by 17 weeks beginning on July 3, 2016 if the number of weeks for which benefits may be paid to the claimant has been increased as a result of subsection 12(2.1).

(13.3) A claimant's benefit period that has not ended before July 3, 2016, or that begins on or after that date, is extended by 37 weeks if the number of weeks for which benefits may be paid to the claimant has been increased as a result of subsection 12(2.3).

(13.4) Subject to subsections (13.7) and (14.1), if a claimant's benefit period ended before July 3, 2016, that benefit period is deemed, despite subsection (8), not to have ended and it is extended by 37 weeks beginning on July 3, 2016 if the number of weeks for which benefits may be paid to the claimant has been increased as a result of subsection 12(2.3).

(13.5) A claimant's benefit period is extended by 29 weeks if the number of weeks for which benefits may be paid to the claimant has been increased as a result of subsection 12(2.5).

(13.6) A claimant's benefit period is extended by 22 weeks if the number of weeks for which benefits may be paid to the claimant has been increased as a result of subsection 12(2.6).

(13.7) A benefit period that is deemed under subsection (13.2) or (13.4) not to have ended does not include the period that begins on the day after the day on which the benefit period ended and that ends on July 2, 2016.

(14) Subject to subsections (14.1) and (15), an extension under any of subsections (10) to (13.6) must not result in a benefit period of more than 104 weeks.

(14.1) The period that is excluded under subsection (13.7) is to be included in the calculation of the 104 weeks for the purposes of subsection (14).

(15) Unless the benefit period is also extended under any of subsections (10) to (12.1), an extension under subsection (13) must not result in a benefit period of more than the sum of two weeks and the total of the maximum number of weeks established under subsection 12(3) for each of the benefits paid to the claimant for one of the reasons mentioned in paragraphs 12(3)(a) to (e) during the claimant's benefit period before it was extended under subsection (13).

50 (1) A claimant who fails to fulfil or comply with a condition or requirement under this section is not entitled to receive benefits for as long as the condition or requirement is not fulfilled or complied with.

(2) A claim for benefits shall be made in the manner directed at the office of the Commission that serves the area in which the claimant resides, or at such other place as is prescribed or directed by the Commission.

(3) A claim for benefits shall be made by completing a form supplied or approved by the Commission, in the manner set out in instructions of the Commission.

(4) A claim for benefits for a week of unemployment in a benefit period shall be made within the prescribed time.

(5) The Commission may at any time require a claimant to provide additional information about their claim for benefits.

(6) The Commission may require a claimant or group or class of claimants to be at a suitable place at a suitable time in order to make a claim for benefits in person or provide additional information about a claim.

(7) For the purpose of proving that a claimant is available for work, the Commission may require the claimant to register for employment at an agency administered by the Government of Canada or a provincial government and to report to the agency at such reasonable times as the Commission or agency directs.

(8) For the purpose of proving that a claimant is available for work and unable to obtain suitable employment, the Commission may require the claimant to prove that the claimant is making reasonable and customary efforts to obtain suitable employment.

(8.1) For the purpose of proving that the conditions of subsection 23.1(2) or 152.06(1) are met, the Commission may require the claimant to provide it with an additional certificate issued by a medical doctor.

(9) A claimant shall provide the mailing address of their normal place of residence, unless otherwise permitted by the Commission.

(10) The Commission may waive or vary any of the conditions and requirements of this section or the regulations whenever in its opinion the circumstances warrant the waiver or variation for the benefit of a claimant or a class or group of claimants.

48 (1) No benefit period shall be established for a person unless the person makes an initial claim for benefits in accordance with section 50 and the regulations and proves that the person is qualified to receive benefits.

(2) No benefit period shall be established unless the claimant supplies information in the form and manner directed by the Commission, giving the claimant's employment circumstances and the circumstances pertaining to any interruption of earnings, and such other information as the Commission may require.

(3) On receiving an initial claim for benefits, the Commission shall decide whether the claimant is qualified to receive benefits and notify the claimant of its decision.

26.1 (1) The definitions in this subsection apply in this section.

condition of entitlement to benefits means any requirement, circumstance or condition referred to in subsection 49(1) of the Act. (*condition d'admissibilité au bénéfice des prestations*)

period of eligibility means

(a) in respect of the benefits referred to in subparagraph (2)(c)(i), one of the following periods, to which is added the waiting period referred to in section 13 of the Act if that period has not already been served:

(i) the period referred to in subsection 22(2) of the Act and any extension of that period,

(ii) the period referred to in subsection 23(2) of the Act,

(iii) the period referred to in subsection 23.1(4) of the Act,

(iv) the period referred to in subsection 23.2(3) or (4) of the Act;

(b) in respect of the benefits referred to in subparagraph (2)(c)(ii), the period during which the claimant attends a course or program, referred to in paragraph 25(1)(a) of the Act, that is an apprenticeship course or an apprenticeship program; and

(c) in respect of the benefits referred to in subparagraph (2)(c)(iii), the period during which the claimant is employed in work-sharing employment referred to in section 24 of the Act. (*période d'admissibilité*)

(2) Notwithstanding section 26, a claimant is not required to make periodic claims for benefits in accordance with that section where

(a) the claimant makes an initial claim for benefits or a claim in respect of which subsection 26(2) applies;

(b) the claimant's period of eligibility ends after June 26, 1999;

(c) the claimant makes a claim for benefits in respect of every week of unemployment in the claimant's period of eligibility

(i) for a reason set out in paragraph 12(3)(a), (b), (d) or (e) of the Act,

(ii) under section 25 of the Act, to attend an apprenticeship course or an apprenticeship program, or

(iii) under section 24 of the Act, to receive work-sharing benefits, and

(d) the claimant completes a form, provided by the Commission, stating that

(i) to the best of the claimant's knowledge at the time of completing the form, there are no conditions of entitlement to benefits that will not be met for each week in the period of eligibility, except in respect of earnings that may be deducted under section 19, 22, 23, 23.1 or 23.2 of the Act during that period,

(ii) the claimant will notify the Commission as soon as possible if the claimant ceases to meet a condition of entitlement to benefits at any time during the period of eligibility and failure to meet that condition has the effect of reducing or eliminating any benefits for any week in the period of eligibility, or if the claimant has earnings referred to in subparagraph (i) in respect of that period, and

(iii) the claimant will notify the Commission at the end of the period of eligibility whether or not they have met the conditions of entitlement to benefits for each week in the period of eligibility and whether or not they have declared all earnings that could be deducted under section 19, 22, 23, 23.1 or 23.2 of the Act during that period.

(3) If the Commission becomes aware that the claimant does not meet a condition of entitlement to benefits during the claimant's period of eligibility, this section shall cease to apply in respect of the claimant's claim for benefits as of the date on which the Commission becomes aware of the claimant's failure to meet the condition.