



APPLICATION TO ANTEDATE CLAIM FOR BENEFIT

SOCIAL INSURANCE NUMBER
NAME

I request to have my claim antedated to _____

I failed to make application for benefit on the above date and thereafter for the following reasons: (There must be good cause for every day of delay in making this application. - Give full details).

Date

Signature of Claimant

FOR OFFICE USE

Office Comments

Date

For CEC Manager

Rationale for the decision

Date

Insurance Agent