

SUB Plan for: _____.

CRA Business Number: _____.

1. The following employees are covered by the plan: _____.
2. The plan will supplement EI benefits for periods of unemployment caused by:
_____.
3. Verification that the employees have applied for and are in receipt of EI benefits will be made before SUB payments are paid.
4. The SUB is payable at ____% of the employee's normal weekly earnings while the employee is serving the one-week EI waiting period.
5. Please choose one of the following options:
 - Option A (percentage or fixed amount):** The benefit paid under this plan is set at ____% of the employees' normal weekly earnings or \$_____ (fixed amount). The weekly SUB payment, plus the gross amount of EI benefit from this employment will not exceed ____% of the employee's normal weekly earnings.
 - Option B (automatic adjustment):** The plan provides that the gross amount of EI benefit from this employment plus the SUB payment will equal _____% of the employee's normal weekly earnings.
 - Option C (other earnings considered):** The plan provides that the SUB payment, any other earnings, plus the EI benefit from this employment will equal ____% of the employee's normal weekly earnings.
6. The SUB benefit will be paid for: _____ weeks.
7. a) The duration of the plan is from: _____ to _____.
b) Service Canada - SUB Program will be informed in writing of any change to the plan within thirty (30) days of the effective date of the change.
8. a) The plan is financed by the employer's general revenues.
b) A separate record of all the SUB payments will be kept.
9. Payments of guaranteed annual remuneration, deferred remuneration or severance pay will not be reduced or increased by payments received under the SUB plan.
10. This plan provides for an offset of EI benefits that may have to be repaid as part of the employee's income tax return. The weekly gross EI benefit from this employment, the SUB payments previously paid plus this offset amount will not exceed 95% of the employee's normal weekly earnings.
11. On termination of the plan, all remaining assets will revert to the employer, be used for SUB payments and/or be used for the administrative costs of the plan.
12. Employees do not have a right to SUB payments except during the period of unemployment specified in the plan.

Signature(s) of authorized officer(s):

Your Organization Name: _____.

Name and title of signing officer(s)

Dated this _____ day of _____, 2020.