

Questions and Response for
RFP # 100006441A
Data Capture Services

- Q1. What are the historical volumes for the past 3 years for each of?
- a. INS2106 (forms without blocks 6, 12 & 15C)
 - b. INS2106 (including blocks 6, 12 & 15C)
 - c. INS2436
 - d. INS5097

- R1. The estimated ROE monthly volumes provided on the Appendix F to Annex A (p. 62) of the RFP are based on the historical volumes of ROEs received in Bathurst. The estimated daily volume is 4775 ROE documents of which:

- a. INS2106 (forms without blocks 6, 12 & 15C): 2,077
- b. INS2106 (including blocks 6, 12 & 15C) : 2,538
- c. INS 2436 "Z": 160

The estimated INS 5097 daily volumes:

- d. 2692

Note: Please keep in mind that the above volumes are estimations only given in good faith by ESDC and are not binding.

- Q2. To evaluate the average keystroke requirements can ESDC provide physical completed or scanned or faxed test samples for each of:
- R2a. INS2106 (forms without blocks 6, 12 & 15C)

RECORD OF EMPLOYMENT (ROE)

EMPLOYER: SEE THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT, IT IS ALSO AVAILABLE ON THE WEB SITE AT: WWW.SERVICECANADA.GC.CA

Projet
can

1 SERIAL NO E05626303		2 SERIAL NO. OF ROE AMENDED OR REPLACED		3 EMPLOYER'S PAYROLL REFERENCE NO 1SMH 0123555	
4 EMPLOYER'S NAME AND ADDRESS EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA 110 PROMENADE DU PORTAGE - PHASE II GATINEAU, QC.				5 CRA/BUSINESS NO. (BN) 123456789 RPO00	
6 POSTAL CODE K1A10J9				7 SOCIAL INSURANCE NO. 123456789	
8 EMPLOYEE'S NAME AND ADDRESS JOHN SMITH 123 GENERIC ST., APP. 1 ANYVILLE ON. A1B2C3				9 PAY PERIOD TYPE	
10 OCCUPATION GENERAL LABOURER				11 EXPECTED DATE OF RECALL <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING	
12 TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE 1065.50				13 REASON FOR ISSUING THIS ROE ENTER CODE E	
14 TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE \$ 5808.28				15 FOR FURTHER INFORMATION CONTACT BILL BROWN	
16 ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.				17 ONLY COMPLETE IF PAYMENTS OR BENEFITS (OTHER THAN REGULAR PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYAL LATER DATE.	
16a		16b		17a	
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	A - VACATION PAY	
1		2		\$	
4		5			
7		8			
10		11			
13		14			
16		17			
19		20			
22		23			
25		26			
18 ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR DISABILITY WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED)				B - STATUTORY HOLIDAY PAY FOR	
PAYMENT START DATE				C - OTHER MONIES (SPECIFY)	
AMOUNT					
PER DAY <input type="checkbox"/> PER WEEK <input type="checkbox"/>					
19 COMMUNICATION PREFERRED IN				10 COMMENTS QUIT DURING THE PROBABATIONARY PERIOD.	
<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				20 TELEPHONE NO (514) 633-9106	
21 AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE				22 SIGNATURE OF ISSUER BILL BROWN	
DATE				DATE 09 07	

INS-2108-02-08E

R2b. INS2106 (including blocks 6, 12 & 15C)

A SPECIAL MAILING ENVELOPE IS AVAILABLE FROM FOUR SERVICE CANADA CENTRES

Projected & completed

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO: **E13272341** 2 SERIAL NO. OF ROE AMENDED OR REPLACED: **E13272399** 3 EMPLOYER'S PAYROLL REFERENCE NO.: **\$SMH 0123999**

4 EMPLOYER'S NAME AND ADDRESS: **EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA**
140 PROMENADE DU PORTAGE PHASE IV
Gatineau - QC. 5 CRA'S BUSINESS NO. (BN): **123456789 PPOON**
 6 PAY PERIOD TYPE: **B - Bi-weekly**

7 POSTAL CODE: **K1A 0J9** 8 SOCIAL INSURANCE NO.: **123-456-789**

9 EMPLOYEE'S NAME AND ADDRESS: **JOHN SMITH**
123 - GERIC ST. APP. L
ANYVILLE ON A1B 2C3

10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST POSSESSED): **05 06 20** 11 LAST DAY FOR WHICH PWD: **02 06 20**
 12 FINAL PAY PERIOD ENDING DATE: **02 06 20**

13 OCCUPATION: **GENERAL LABOURER.** 14 EXPECTED DATE OF RECALL: UNKNOWN NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE: **1065.50** 16 REASON FOR ISSUING THIS ROE: ENTER CODE **E**

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE: **\$ 5808.28** 17 EMPLOYER'S TELEPHONE NO. (CONTACT SUPERVISOR): **(514) 633-9106**

18 ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	384.40	2	395.31	3	378.95
4	460.25	5	540.96	6	280.98
7	375.50	8	250.75	9	200.25
10	360.60	11	290.50	12	380.80
13	370.70	14	850.50	15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	

19 ONLY COMPLETE IF PWD SICK MATERNITY PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED)

PAYMENT START DATE: AMOUNT: \$ PER DAY PER WEEK


20 COMMUNICATION PREFERRED IN: ENGLISH FRENCH 21 TELEPHONE NO.: **(514) 633-9106**

22 I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.

SIGNATURE OF ISSUER: *[Signature]* NAME OF ISSUER (Stamp only): **BILL BROWN** DATE: **09 07 20**

Canada MAIL THIS COPY TO: SERVICE CANADA, P.O. BOX 9600, BATHURST, NEW BRUNSWICK, CANADA E2A 4T3 Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada. PART Formulaire disponible en français

R2c. INS2436


 1-800-387-5637 / 1-800-387-5637
 Développement Canada / Development Canada

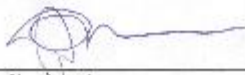
IF YOU ARE FILING THIS FORM BY FAX, USE A HARD COPY OF THIS FORM.
 ISSUER: REFER TO THE GUIDE - HOW TO COMPLETE THE RECORD OF SELF-EMPLOYED FISHER FORM - WHICH PROVIDES DETAILED INSTRUCTIONS.

RECORD OF EMPLOYMENT (ROE) — SELF-EMPLOYED FISHER
 Protégé when completed

1 Social No. 200970518		2 Serial No. of ROE Amendment or Replacement		3 Employer's Payroll Reference No. FIS 0123559		
4 Employer's Name and Address OCEAN FISHERIES LTD. P.O. BOX 1234 CAP PELE, N.B.				5 Starting with the first day of purchase date, enter insurable earnings for period of employment up to a maximum of 51 consecutive weeks or to the end of the ROE, whichever is less.		6
		7 Postal Code A1Z 1B3C		4a Type/Start Date (Fresh Catch Only)	4b Type/End Date (Fresh/OC)	4c % Share of Insurable Earnings
6 Canada Revenue Agency Business No. (GST# / BN#) 123456789 RPO001				18.06.2017	25.06.2017	2975.2
9 Name and Address of Self-Employed Fisher JOHN FISHER 123 WATER ST. MIRAMICHI, N.B. A1Z 0S0				8	11.06.2017	17.06.2017
				3	03.06.2017	10.06.2017
				4	25.05.2017	01.06.2017
				5		
				6		
8 Social Insurance Number 123-456-789				7		
10 Commercial Fishing Vessel Number (CFVN)				8		
11 Reason for leaving this ROE (if other than end of fishing, specify in Block 12 - Comments) a) <input checked="" type="checkbox"/> End of Fishing b) <input type="checkbox"/> Other				9		
12 Comments VOID				10		
				11		
				12		
				13		
				14		
				15		
				16		

19 I am aware that it is an offence to make, to an extent and he/she certifies that all statements on this form are true.

Official version preferred in: English French

Name of Issuer (P-11): **JEANNIE RAINBOW**
 Signature of Issuer: 
 Telephone No.: **1508 559-7654**
 Date: **12 07 2017**

INS 2436-09-05E

Canada

THIS IS A VALUABLE DOCUMENT — KEEP IT IN A SAFE PLACE
 APPLY FOR EMPLOYMENT INSURANCE BENEFITS ON THE INTERNET AT www.hrdo.gc.ca
 (FOR MORE INFORMATION, REFER TO THE BACK OF THIS DOCUMENT)

FISHER'S COPY - PAF
 Ce formulaire est également disponible en français

SIN/NOM: 123456789 Case No./No. du CAS: 123456789A6

Section 2) Vacation pay

- a) Was vacation pay paid and included in the gross earnings for weeks listed on the reverse page?
 YES NO
- b) Was a lump sum vacation pay paid but not included in the gross earnings of the weeks included on the reverse page?
 YES NO

Amount paid: _____
 Date of payment: _____

- c) Was money used as part of termination of employment?
 YES NO

Amount paid: _____
 Date of payment: _____

Section 2) Paiement de vacances

- a) Un montant pour paie de vacances a-t-il été versé pendant les semaines indiquées au verso et inclus dans la rémunération brute?
 OUI NON
- b) Un montant forfaitaire pour paie de vacances a-t-il été versé pendant les semaines indiquées au verso mais non inclus dans la rémunération brute?
 OUI NON

Montant versé: _____
 Date du versement: _____

- c) Des fonds ont-ils été versés en tant que partie de la cessation d'emploi?
 OUI NON

Montant versé: _____
 Date du versement: _____

Section 3) Additional information

OUR EMPLOYER PAID VACATION ON THIS FORM MUST BE CONFIRMED.

4% INCLUDED WITH EACH WEEK

IF THIS FORM IS NOT SIGNED, YOU WILL BE CONSIDERED TO HAVE THE DEFERRED PORTION.

EMPLOYER INFORMATION YOU PROVIDED IS NOT SUFFICIENT. PLEASE PROVIDE A COMPLETE RETURN TO INCLUDE BREAKDOWN OF EARNINGS.

Section 3) Informations supplémentaires

OUR EMPLOYER PAID US VACATION ON THIS FORM MUST BE CONFIRMED.

SI CE FORAIRE N'EST PAS SIGNÉ, VOUS SÊTES CONSIDÉRÉS AVOIR LA PARTIE DÉFERÉE.

LES RENSEIGNEMENTS QUE VOUS FOURNISSEZ NE SONT PAS SUFFISANTS. VOUS DEVEZ FOURNIR LA RÉSOLUTION DE LA PARTIE DÉFERÉE EN INCLUANT LE DÉTAIL DES RENDUS.

CERTIFICATION / ATTESTATION

I hereby certify that I am authorized to receive on behalf of the employee.

I declare under penalty of offence under Paragraphs 130(3)(b) and 130(3)(c) of the Employment Insurance Act to provide false or misleading information and that a false or I must be added to an administrative penalty under Paragraphs 36(1)(a) and (b) or 36(1)(c) or 36(1)(d) or 36(1)(e) or 36(1)(f) or 36(1)(g) or 36(1)(h) or 36(1)(i) or 36(1)(j) or 36(1)(k) or 36(1)(l) or 36(1)(m) or 36(1)(n) or 36(1)(o) or 36(1)(p) or 36(1)(q) or 36(1)(r) or 36(1)(s) or 36(1)(t) or 36(1)(u) or 36(1)(v) or 36(1)(w) or 36(1)(x) or 36(1)(y) or 36(1)(z) or 36(1)(aa) or 36(1)(ab) or 36(1)(ac) or 36(1)(ad) or 36(1)(ae) or 36(1)(af) or 36(1)(ag) or 36(1)(ah) or 36(1)(ai) or 36(1)(aj) or 36(1)(ak) or 36(1)(al) or 36(1)(am) or 36(1)(an) or 36(1)(ao) or 36(1)(ap) or 36(1)(aq) or 36(1)(ar) or 36(1)(as) or 36(1)(at) or 36(1)(au) or 36(1)(av) or 36(1)(aw) or 36(1)(ax) or 36(1)(ay) or 36(1)(az) or 36(1)(ba) or 36(1)(bb) or 36(1)(bc) or 36(1)(bd) or 36(1)(be) or 36(1)(bf) or 36(1)(bg) or 36(1)(bh) or 36(1)(bi) or 36(1)(bj) or 36(1)(bk) or 36(1)(bl) or 36(1)(bm) or 36(1)(bn) or 36(1)(bo) or 36(1)(bp) or 36(1)(bq) or 36(1)(br) or 36(1)(bs) or 36(1)(bt) or 36(1)(bu) or 36(1)(bv) or 36(1)(bw) or 36(1)(bx) or 36(1)(by) or 36(1)(bz) or 36(1)(ca) or 36(1)(cb) or 36(1)(cc) or 36(1)(cd) or 36(1)(ce) or 36(1)(cf) or 36(1)(cg) or 36(1)(ch) or 36(1)(ci) or 36(1)(cj) or 36(1)(ck) or 36(1)(cl) or 36(1)(cm) or 36(1)(cn) or 36(1)(co) or 36(1)(cp) or 36(1)(cq) or 36(1)(cr) or 36(1)(cs) or 36(1)(ct) or 36(1)(cu) or 36(1)(cv) or 36(1)(cw) or 36(1)(cx) or 36(1)(cy) or 36(1)(cz) or 36(1)(da) or 36(1)(db) or 36(1)(dc) or 36(1)(dd) or 36(1)(de) or 36(1)(df) or 36(1)(dg) or 36(1)(dh) or 36(1)(di) or 36(1)(dj) or 36(1)(dk) or 36(1)(dl) or 36(1)(dm) or 36(1)(dn) or 36(1)(do) or 36(1)(dp) or 36(1)(dq) or 36(1)(dr) or 36(1)(ds) or 36(1)(dt) or 36(1)(du) or 36(1)(dv) or 36(1)(dw) or 36(1)(dx) or 36(1)(dy) or 36(1)(dz) or 36(1)(ea) or 36(1)(eb) or 36(1)(ec) or 36(1)(ed) or 36(1)(ee) or 36(1)(ef) or 36(1)(eg) or 36(1)(eh) or 36(1)(ei) or 36(1)(ej) or 36(1)(ek) or 36(1)(el) or 36(1)(em) or 36(1)(en) or 36(1)(eo) or 36(1)(ep) or 36(1)(eq) or 36(1)(er) or 36(1)(es) or 36(1)(et) or 36(1)(eu) or 36(1)(ev) or 36(1)(ew) or 36(1)(ex) or 36(1)(ey) or 36(1)(ez) or 36(1)(fa) or 36(1)(fb) or 36(1)(fc) or 36(1)(fd) or 36(1)(fe) or 36(1)(ff) or 36(1)(fg) or 36(1)(fh) or 36(1)(fi) or 36(1)(fj) or 36(1)(fk) or 36(1)(fl) or 36(1)(fm) or 36(1)(fn) or 36(1)(fo) or 36(1)(fp) or 36(1)(fq) or 36(1)(fr) or 36(1)(fs) or 36(1)(ft) or 36(1)(fu) or 36(1)(fv) or 36(1)(fw) or 36(1)(fx) or 36(1)(fy) or 36(1)(fz) or 36(1)(ga) or 36(1)(gb) or 36(1)(gc) or 36(1)(gd) or 36(1)(ge) or 36(1)(gf) or 36(1)(gg) or 36(1)(gh) or 36(1)(gi) or 36(1)(gj) or 36(1)(gk) or 36(1)(gl) or 36(1)(gm) or 36(1)(gn) or 36(1)(go) or 36(1)(gp) or 36(1)(gq) or 36(1)(gr) or 36(1)(gs) or 36(1)(gt) or 36(1)(gu) or 36(1)(gv) or 36(1)(gw) or 36(1)(gx) or 36(1)(gy) or 36(1)(gz) or 36(1)(ha) or 36(1)(hb) or 36(1)(hc) or 36(1)(hd) or 36(1)(he) or 36(1)(hf) or 36(1)(hg) or 36(1)(hh) or 36(1)(hi) or 36(1)(hj) or 36(1)(hk) or 36(1)(hl) or 36(1)(hm) or 36(1)(hn) or 36(1)(ho) or 36(1)(hp) or 36(1)(hq) or 36(1)(hr) or 36(1)(hs) or 36(1)(ht) or 36(1)(hu) or 36(1)(hv) or 36(1)(hw) or 36(1)(hx) or 36(1)(hy) or 36(1)(hz) or 36(1)(ia) or 36(1)(ib) or 36(1)(ic) or 36(1)(id) or 36(1)(ie) or 36(1)(if) or 36(1)(ig) or 36(1)(ih) or 36(1)(ii) or 36(1)(ij) or 36(1)(ik) or 36(1)(il) or 36(1)(im) or 36(1)(in) or 36(1)(io) or 36(1)(ip) or 36(1)(iq) or 36(1)(ir) or 36(1)(is) or 36(1)(it) or 36(1)(iu) or 36(1)(iv) or 36(1)(iw) or 36(1)(ix) or 36(1)(iy) or 36(1)(iz) or 36(1)(ja) or 36(1)(jb) or 36(1)(jc) or 36(1)(jd) or 36(1)(je) or 36(1)(jf) or 36(1)(jg) or 36(1)(jh) or 36(1)(ji) or 36(1)(jj) or 36(1)(jk) or 36(1)(jl) or 36(1)(jm) or 36(1)(jn) or 36(1)(jo) or 36(1)(jp) or 36(1)(jq) or 36(1)(jr) or 36(1)(js) or 36(1)(jt) or 36(1)(ju) or 36(1)(jv) or 36(1)(jw) or 36(1)(jx) or 36(1)(jy) or 36(1)(jz) or 36(1)(ka) or 36(1)(kb) or 36(1)(kc) or 36(1)(kd) or 36(1)(ke) or 36(1)(kf) or 36(1)(kg) or 36(1)(kh) or 36(1)(ki) or 36(1)(kj) or 36(1)(kl) or 36(1)(km) or 36(1)(kn) or 36(1)(ko) or 36(1)(kp) or 36(1)(kq) or 36(1)(kr) or 36(1)(ks) or 36(1)(kt) or 36(1)(ku) or 36(1)(kv) or 36(1)(kw) or 36(1)(kx) or 36(1)(ky) or 36(1)(kz) or 36(1)(la) or 36(1)(lb) or 36(1)(lc) or 36(1)(ld) or 36(1)(le) or 36(1)(lf) or 36(1)(lg) or 36(1)(lh) or 36(1)(li) or 36(1)(lj) or 36(1)(lk) or 36(1)(ll) or 36(1)(lm) or 36(1)(ln) or 36(1)(lo) or 36(1)(lp) or 36(1)(lq) or 36(1)(lr) or 36(1)(ls) or 36(1)(lt) or 36(1)(lu) or 36(1)(lv) or 36(1)(lw) or 36(1)(lx) or 36(1)(ly) or 36(1)(lz) or 36(1)(ma) or 36(1)(mb) or 36(1)(mc) or 36(1)(md) or 36(1)(me) or 36(1)(mf) or 36(1)(mg) or 36(1)(mh) or 36(1)(mi) or 36(1)(mj) or 36(1)(mk) or 36(1)(ml) or 36(1)(mm) or 36(1)(mn) or 36(1)(mo) or 36(1)(mp) or 36(1)(mq) or 36(1)(mr) or 36(1)(ms) or 36(1)(mt) or 36(1)(mu) or 36(1)(mv) or 36(1)(mw) or 36(1)(mx) or 36(1)(my) or 36(1)(mz) or 36(1)(na) or 36(1)(nb) or 36(1)(nc) or 36(1)(nd) or 36(1)(ne) or 36(1)(nf) or 36(1)(ng) or 36(1)(nh) or 36(1)(ni) or 36(1)(nj) or 36(1)(nk) or 36(1)(nl) or 36(1)(nm) or 36(1)(nn) or 36(1)(no) or 36(1)(np) or 36(1)(nq) or 36(1)(nr) or 36(1)(ns) or 36(1)(nt) or 36(1)(nu) or 36(1)(nv) or 36(1)(nw) or 36(1)(nx) or 36(1)(ny) or 36(1)(nz) or 36(1)(oa) or 36(1)(ob) or 36(1)(oc) or 36(1)(od) or 36(1)(oe) or 36(1)(of) or 36(1)(og) or 36(1)(oh) or 36(1)(oi) or 36(1)(oj) or 36(1)(ok) or 36(1)(ol) or 36(1)(om) or 36(1)(on) or 36(1)(oo) or 36(1)(op) or 36(1)(oq) or 36(1)(or) or 36(1)(os) or 36(1)(ot) or 36(1)(ou) or 36(1)(ov) or 36(1)(ow) or 36(1)(ox) or 36(1)(oy) or 36(1)(oz) or 36(1)(pa) or 36(1)(pb) or 36(1)(pc) or 36(1)(pd) or 36(1)(pe) or 36(1)(pf) or 36(1)(pg) or 36(1)(ph) or 36(1)(pi) or 36(1)(pj) or 36(1)(pk) or 36(1)(pl) or 36(1)(pm) or 36(1)(pn) or 36(1)(po) or 36(1)(pp) or 36(1)(pq) or 36(1)(pr) or 36(1)(ps) or 36(1)(pt) or 36(1)(pu) or 36(1)(pv) or 36(1)(pw) or 36(1)(px) or 36(1)(py) or 36(1)(pz) or 36(1)(qa) or 36(1)(qb) or 36(1)(qc) or 36(1)(qd) or 36(1)(qe) or 36(1)(qf) or 36(1)(qg) or 36(1)(qh) or 36(1)(qi) or 36(1)(qj) or 36(1)(qk) or 36(1)(ql) or 36(1)(qm) or 36(1)(qn) or 36(1)(qo) or 36(1)(qp) or 36(1)(qq) or 36(1)(qr) or 36(1)(qs) or 36(1)(qt) or 36(1)(qu) or 36(1)(qv) or 36(1)(qw) or 36(1)(qx) or 36(1)(qy) or 36(1)(qz) or 36(1)(ra) or 36(1)(rb) or 36(1)(rc) or 36(1)(rd) or 36(1)(re) or 36(1)(rf) or 36(1)(rg) or 36(1)(rh) or 36(1)(ri) or 36(1)(rj) or 36(1)(rk) or 36(1)(rl) or 36(1)(rm) or 36(1)(rn) or 36(1)(ro) or 36(1)(rp) or 36(1)(rq) or 36(1)(rr) or 36(1)(rs) or 36(1)(rt) or 36(1)(ru) or 36(1)(rv) or 36(1)(rw) or 36(1)(rx) or 36(1)(ry) or 36(1)(rz) or 36(1)(sa) or 36(1)(sb) or 36(1)(sc) or 36(1)(sd) or 36(1)(se) or 36(1)(sf) or 36(1)(sg) or 36(1)(sh) or 36(1)(si) or 36(1)(sj) or 36(1)(sk) or 36(1)(sl) or 36(1)(sm) or 36(1)(sn) or 36(1)(so) or 36(1)(sp) or 36(1)(sq) or 36(1)(sr) or 36(1)(ss) or 36(1)(st) or 36(1)(su) or 36(1)(sv) or 36(1)(sw) or 36(1)(sx) or 36(1)(sy) or 36(1)(sz) or 36(1)(ta) or 36(1)(tb) or 36(1)(tc) or 36(1)(td) or 36(1)(te) or 36(1)(tf) or 36(1)(tg) or 36(1)(th) or 36(1)(ti) or 36(1)(tj) or 36(1)(tk) or 36(1)(tl) or 36(1)(tm) or 36(1)(tn) or 36(1)(to) or 36(1)(tp) or 36(1)(tq) or 36(1)(tr) or 36(1)(ts) or 36(1)(tu) or 36(1)(tv) or 36(1)(tw) or 36(1)(tx) or 36(1)(ty) or 36(1)(tz) or 36(1)(ua) or 36(1)(ub) or 36(1)(uc) or 36(1)(ud) or 36(1)(ue) or 36(1)(uf) or 36(1)(ug) or 36(1)(uh) or 36(1)(ui) or 36(1)(uj) or 36(1)(uk) or 36(1)(ul) or 36(1)(um) or 36(1)(un) or 36(1)(uo) or 36(1)(up) or 36(1)(uq) or 36(1)(ur) or 36(1)(us) or 36(1)(ut) or 36(1)(uu) or 36(1)(uv) or 36(1)(uw) or 36(1)(ux) or 36(1)(uy) or 36(1)(uz) or 36(1)(va) or 36(1)(vb) or 36(1)(vc) or 36(1)(vd) or 36(1)(ve) or 36(1)(vf) or 36(1)(vg) or 36(1)(vh) or 36(1)(vi) or 36(1)(vj) or 36(1)(vk) or 36(1)(vl) or 36(1)(vm) or 36(1)(vn) or 36(1)(vo) or 36(1)(vp) or 36(1)(vq) or 36(1)(vr) or 36(1)(vs) or 36(1)(vt) or 36(1)(vu) or 36(1)(vv) or 36(1)(vw) or 36(1)(vx) or 36(1)(vy) or 36(1)(vz) or 36(1)(wa) or 36(1)(wb) or 36(1)(wc) or 36(1)(wd) or 36(1)(we) or 36(1)(wf) or 36(1)(wg) or 36(1)(wh) or 36(1)(wi) or 36(1)(wj) or 36(1)(wk) or 36(1)(wl) or 36(1)(wm) or 36(1)(wn) or 36(1)(wo) or 36(1)(wp) or 36(1)(wq) or 36(1)(wr) or 36(1)(ws) or 36(1)(wt) or 36(1)(wu) or 36(1)(wv) or 36(1)(ww) or 36(1)(wx) or 36(1)(wy) or 36(1)(wz) or 36(1)(xa) or 36(1)(xb) or 36(1)(xc) or 36(1)(xd) or 36(1)(xe) or 36(1)(xf) or 36(1)(xg) or 36(1)(xh) or 36(1)(xi) or 36(1)(xj) or 36(1)(xk) or 36(1)(xl) or 36(1)(xm) or 36(1)(xn) or 36(1)(xo) or 36(1)(xp) or 36(1)(xq) or 36(1)(xr) or 36(1)(xs) or 36(1)(xt) or 36(1)(xu) or 36(1)(xv) or 36(1)(xw) or 36(1)(xx) or 36(1)(xy) or 36(1)(xz) or 36(1)(ya) or 36(1)(yb) or 36(1)(yc) or 36(1)(yd) or 36(1)(ye) or 36(1)(yf) or 36(1)(yg) or 36(1)(yh) or 36(1)(yi) or 36(1)(yj) or 36(1)(yk) or 36(1)(yl) or 36(1)(ym) or 36(1)(yn) or 36(1)(yo) or 36(1)(yp) or 36(1)(yq) or 36(1)(yr) or 36(1)(ys) or 36(1)(yt) or 36(1)(yu) or 36(1)(yv) or 36(1)(yw) or 36(1)(yx) or 36(1)(yz) or 36(1)(za) or 36(1)(zb) or 36(1)(zc) or 36(1)(zd) or 36(1)(ze) or 36(1)(zf) or 36(1)(zg) or 36(1)(zh) or 36(1)(zi) or 36(1)(zj) or 36(1)(zk) or 36(1)(zl) or 36(1)(zm) or 36(1)(zn) or 36(1)(zo) or 36(1)(zp) or 36(1)(zq) or 36(1)(zr) or 36(1)(zs) or 36(1)(zt) or 36(1)(zu) or 36(1)(zv) or 36(1)(zw) or 36(1)(zx) or 36(1)(zy) or 36(1)(zz)

Je déclare par la présente mes renseignements à signer en nom de l'employeur.

Je déclare sous peine de sanction que je fournis de fausses ou de trompeuses informations et que je suis tenu de répondre de ces renseignements en vertu de la Loi sur l'accès à l'information et de la Loi sur la protection des renseignements personnels.

Date	12-02-2017	Print name / Nom en lettres majuscules	LEE ANN HODGES	Signature	
Area Code / Ind régional	Tel. no / N. de tél	Ext. / Poste		Position / le ou le titre	ACCOUNTANT

Information entered on this form is used for the application of the Employment Insurance program. The collection is authorized under the Employment Insurance Act. Under the Privacy Act and Access to Information Act, you have the right to access their information. Please contact the Privacy Commissioner of Canada at 1-877-968-0888 or 1-800-961-9611 for more information.

Les renseignements que vous fournissez sur ce formulaire sont utilisés pour l'application du Régime de l'assurance-emploi. La collecte est autorisée en vertu de la Loi sur l'accès à l'information et de la Loi sur la protection des renseignements personnels. Vous avez le droit de consulter ses données personnelles. Veuillez contacter le commissaire de l'accès à l'information et de la protection des renseignements personnels au 1-877-968-0888 ou au 1-800-961-9611 pour plus de renseignements.

The Commission internationale is subject to the jurisdiction of the Information Act. The collection is authorized under the Access to Information Act. Under the Privacy Act and Access to Information Act, you have the right to access their information. Please contact the Privacy Commissioner of Canada at 1-877-968-0888 or 1-800-961-9611 for more information.

La Commission internationale est soumise à la juridiction de la Loi sur l'accès à l'information. La collecte est autorisée en vertu de la Loi sur l'accès à l'information et de la Loi sur la protection des renseignements personnels. Vous avez le droit de consulter ses données personnelles. Veuillez contacter le commissaire de l'accès à l'information et de la protection des renseignements personnels au 1-877-968-0888 ou au 1-800-961-9611 pour plus de renseignements.

Did you know? Submitting electronic Remittance of Employer's (ROEs) improves the quality and accuracy of your data, which means faster processing and requests for employment insurance from Service Canada. Register for ROE Web at www.canada.ca/roewebpage

Le saviez-vous? La transmission électronique des déclarations de versement de l'employeur (DVE) améliore la qualité et la précision de vos données, ce qui signifie un traitement plus rapide des demandes d'assurance-emploi de Service Canada et une réduction des demandes de renseignements. Enregistrez-vous pour le Web des déclarations de versement de l'employeur à www.canada.ca/roewebpage.



Q3. Can ESDC provide an estimate for the % of each form type that is handwritten vs. the % of each form type that would be machine printed or typed?

R3. We didn't really keep track of this type of statistics but based on pure field observations it appears that it is more convenient for the employers to simply handwrite their answers on the forms. Given that the forms to be completed are in paper format, it is highly unusual for employers to use a typewriter or convert the forms in electronic format and then print their answers. As a general rule, the provider should plan its data entry processing based on the assumption that the vast majority of forms (more than 95%) would contain handwritten fields.

Q4. Can ESDC provide an estimate of the average % of completed fields per form? I.E. Are all fields on all forms fully completed when submitted (100%) or are there fields that may or may not be completed (for an example 70% of the form is completed on average).

R4. For ROE forms:

As stated in the RFP, we receive an average of 55% of ROEs forms with block 15 C completed by employers. This block includes earnings amounts provided by the employer and can contain anywhere from 1 to 27 numeric entries. The following fields are critical for the validity of the form therefore should be present on all forms: ROE serial number (1), the employer name and contact info (3, 4, 5, 16, 20, 21, 22), employee information (8,9), employment information (6, 10,11, 14, 15A, 15B, 16) are critical for the validity of the form therefore they tend to be present on all forms. Fields 2, 6, 16, 17, 18, 19 are either not mandatory or not required when field 15 C is absent.

For INS 5097 forms:

The employer may or may not return all pages of the document. Some pages may be forgotten in error. The number of pages may vary from 1 to 5 depending on the number of weeks that the payroll information is requested for. The number of weeks that may need to be data entered is highly unpredictable as it may vary based on the specific needs of each case. Over the last fiscal year we calculated the average number of weeks included with these forms to be approximately 10 (9.94). Having stated this, one should not assume that the same pattern will hold true in the future due to the unpredictable nature of the investigations these letters pertain to.

Q5. In the provided Appendix C to Appendix A sample ROE document (INS 2106 "L" series)- page 51. The document contains a 2D Barcode (bottom left corner). What information is contained in the barcode?

R5. The barcode contains information on the client and the employer and it is designed to be used with our future scanning technology in order to streamline processing, increase automation, automate integrity checks and reduce operating costs. The data capturing of that field is not in scope for the current data entry contract.

Q6. For the sample form “Request for Payroll Information Form (INS5097) (French text first) Front of Form – page 67. The sample contains a QR Code. What information is contained within this code?

R6. The Quick Response (QR) Code is a unique identifier containing the case number, client’s SIN, employer’s business number and document ID number. It was designed to facilitate data lifting from the document image in preparation for our Department’s move towards digitization of paper documents. This unique form identifier will facilitate the linkage of document images to a given case. The data entry of this field is not in scope for the purpose of this present contract.

Q7. What is the general state of these ROE documents when shipped? Are there any attachments, sticky notes? Are there any fastened with paper clips or staples and if so, what is the percentage estimate?

R7. As stated on page 40 of the RFP the ROEs “will be printed on white bond paper and will vary in quality from very good to excellent”. Typically, there are no sticky notes or any other documents attached with the ROE forms. The contractor is only expected to data capture the information contained within the ROE forms according to a specific set of instruction. Should there be any additional documents attached with these forms, the contractor will simply need to forward them to ESDC for imaging. Since the ROE forms are one page long they are not expected to be stapled together.

Q8. For Statement of Work, Section 10. Shipping and Turn-around times: Page 41 - **INS 5097**

- a. The Contractor must open the envelopes and extract the forms in preparation for data entry. – What is the state of the documents within the envelopes? What is the general state of these ROE documents? Are there any attachments, sticky notes? Are there any fastened with paper clips or staples and if so, what is the percentage estimate? Are they single or multi-page?

R8. Please see the response to Q7.

- b. The turnaround time must not exceed 72 hours from time of receipt to the shipment of processed data back to ESDC. The captured forms must be sorted by regions and returned to ESDC on a weekly basis to 5 different locations (Edmonton, Toronto, Brossard, Bathurst and Miramichi).

I) Please provide the addresses for each centre.

R8bi. The specific hub addresses will be provided to the contractor at the time of the awarding of the contract.

- II) How does ESDC manage these documents once they are returned? (i.e. are they stored or destroyed post validation?)

R8bII. The paper documents received to ESDC will be further sent for imaging to another third party service provider which will securely destroy them after ESDC has provided authorization for destruction to proceed and the prescribed timeframes.