

Saskatchewan Crop Insurance Corporation  
484 Prince William Drive  
PO Box 3000  
Melville SK S0A 2P0

www.scic.ca  
Phone: 1-866-270-8450  
Fax: 1-888-728-0440  
Email: agristability@scic.ca

SCIC ID:

AgriStability PIN:

This form can be used to submit additional information for your AgriStability program forms.

## Section 1: Participant Information

|           |          |             |            |
|-----------|----------|-------------|------------|
| Name      |          |             | Home Phone |
| Address 1 |          |             | Work Phone |
| Address 2 |          |             | Cell Phone |
| City      | Province | Postal Code | Fax Number |
| Country   | E-mail   |             |            |

## Section 2: Contact Person Information

|           |          |             |            |
|-----------|----------|-------------|------------|
| Name      |          |             | Home Phone |
| Address 1 |          |             | Work Phone |
| Address 2 |          |             | Cell Phone |
| City      | Province | Postal Code | Fax Number |
| Country   | E-mail   |             |            |

## Section 3: Request Type

Program Year \_\_\_\_\_ Please specify the applicable program year

Additional Information Request

Other Specify \_\_\_\_\_

Not all amendments result in a change to program benefits, but are retained for future year calculations.  
Please check this box if you require a new Calculation of Benefits for this amendment request.

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## Section 4: Request Details

### Supporting documentation:

It is important to provide any documentation that supports and/or explains the nature of your additional information. For example: If you have an unpublished commodity, submit a copy of the sales receipt showing the price received to substantiate the fair market value you have reported.

Please explain in detail your additional information (attach additional pages if required and indicate the number of additional pages being included):

I certify the information provided on this form to be true, correct and subject to the AgriStability Participant Initial Declaration. I am aware that to make a false statement is an offence.

Signature  
(Participant/Signing Officer)

Printed  
Name

Corporate Name  
(if applicable)

Date

The Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to provincial legislation and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance with The Archives Act. For all privacy concerns, please contact SCIC's Privacy & Security Commissioner by e-mail at securityofficer@scic.ca or phone at 306-728-7200.