

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 request an amendment for your AgriStability program forms. You can request an amendment to information used in calculating your program benefits for a program year by submitting the request to SCIC up to 18 months from the date of the original Calculation of Benefits.

This form should not be used to request an amendment to your income tax return. If this amendment affects your net income, the Saskatchewan Crop Insurance Corporation (SCIC) may require the amendment is first accepted by the Canada Revenue Agency (CRA). Requests for adjustments to your tax return should be sent directly to CRA.

Section 1: Participant Information

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

If the amendment is being submitted on behalf of a partnership or combined operation, please provide names of all participants included in this amendment. You do not need to list all shareholders in a corporation.

Name of Co-applicant	AgriStability PIN
Name of Co-applicant	AgriStability PIN
Name of Co-applicant	AgriStability PIN

Section 2: Contact Person Information

Complete the following if you are requesting an amendment on the participant's behalf.

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

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Section 3: Request Details

Program Year _____ Please specify the applicable program year.

- 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.

Supporting documentation:

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 For example: If you have an unpublished commodity, submit a copy of the sales receipt showing the price received to substantiate the fair market value you have reported.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