Agri**Stability**

Appeal Submission

Saskatchewan Crop Insurance Corporation 484 Prince William Drive PO Box 3000

Melville SK S0A 2P0

Phone: 1-866-270-8450

www.scic.ca

Fax: 1-888-728-0440 Email: agristability@scic.ca

SCIC ID: AgriStability PIN:

All requests for appeals undergo a review to determine if the request is considered an amendment by the Saskatchewan Crop Insurance Corporation's (SCIC) guidelines. If you feel the nature of your request is an amendment, then please fill out the Additional Information and Amendment Request form that can be found on our website at www.scic.ca or by calling 1-866-270-8450.

Disagreement with program rules is not valid grounds for appeal. Details concerning the appeal process and program rules are available at www.scic.ca or can be requested by calling 1-866-270-8450.

An appeal request must be submitted within 90 days of:

- the receipt of your Calculation of Benefits (COB);
- the confirmation of rejection of your amendment request; or
- the notification of a decision which you are annealing

- the notification of a decision which you are appealing.						
Section 1: Participant Information						
Name				Home Phone		
Mailing Address				Work Phone		
Address 2				Cell Phone		
City	Province	Postal Code		Fax Number		
Country	E-mail					
If the appeal is being submitted on behalf of a appeal. You do not need to list all shareholder			ease provide	the names of all	applicants included in this	
Name				AgriStability PIN		
Name				AgriStability PIN		
Section 2: Nature of Appeal						
Please specify the applicable program year(s)) :	Program Year	Program	Year	Program Year	
Supporting Documentation (attach additional pages if required): It is very important to provide an explanation and any documentation you feel supports and/or explains the nature of your appeal. For example, if a deadline was missed due to a death in the family, provide a copy of the obituary or death certificate.						
Missed Deadline - If you missed a deadline due to exceptional circumstances outside of your control, please indicate which deadline you missed and the reason for missing it. If you believe you met a deadline, but SCIC has no record of this, please describe the actions that you took to meet the deadline and any evidence of your actions.						
Program Treatment - If you view that program rules were not correctly applied when processing your application, you may request a review. An overview of the program rules are available by request at 1-866-270-8450 or at www.scic.ca. Disagreement with program rules is not valid grounds for appeal.						
Other (Specify)						
I certify the information provided on this form to make a false statement is an offence.	to be true, cor	rect and subject to the Ag		•	eclaration. I am aware that	
Signature (Participant/Signing Officer)			Printed Name	d		
Corporate Name (if applicable)			Date	Date		
The Saskatchewan Cron Insurance Cornoration (SCIC) values your r	privacy and the prote	ction of your personal information. In:	accordance with T	he Freedom of Information	and Protection of Privacy Act and	

related regulations, SCIC will not share or disclose your information unless required by law or for the purpose of programs offered by SCIC. Your information will be securely stored and may be archived indefinitely as per The Archives and Public Records Management Act. For privacy concerns, please contact SCIC's Privacy Manager at privacy@scic.ca or call 306-728-7200.

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