

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:

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](http://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 outlined in the Program Handbook which is available at [www.scic.ca](http://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 appealing.

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

Name	AgriStability PIN
Name	AgriStability PIN

## Section 2: Nature of Appeal

Please specify the applicable program year(s):

Program Year	Program Year	Program Year
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### 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 outlined in the Program Handbook, available by request at 1-866-270-8450 or at [www.scic.ca](http://www.scic.ca). Disagreement with program rules is not valid grounds for appeal.
- Other (Specify)**

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](mailto:securityofficer@scic.ca) or phone at 306-728-7200.

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