National Office 205 Placer Court Toronto, Ontario M2H 3H9



Bureau national 205 Placer Court Toronto (Ontario) M2H 3H9

Jerry Dias National President Président national Renaud Gagné Quebec Director Directeur québécois Robert J. Orr National Secretary-Treasurer Secrétaire-trésorier national

January 23, 2019

#### To: Local Union Presidents, Recording Secretaries and Unit Chairpersons

# **Unifor's Annual CPP/EI Education Conference**

Unifor Family Education Centre, Port Elgin Friday April 26, 2019 to Sunday April 28, 2019

Are you a Workplace or Benefit Representative? Are you planning to collect CPP when you retire? Will you have to care for an ill family member? Is maternity, parental or adoption leave in your future?

If so - you should come to the

# **CPP/EI Education Conference**

Unlike previous conferences, this year's conference focuses on dealing with CPP and EI.

• Learn about EI Rules, Policies and Practices from Service Canada Representatives

There are times when family has to come first and you need time off work, the birth of a new baby or caring for a sick parent or child. What about if you are laid off and need time to find another job.

Learn the answers to these questions and more... How do I apply for EI? What are EI special benefits? How can I appeal an EI decision?

#### • Get a better understanding of Canada's Pension Plan system and its benefits.

This conference provides the perfect opportunity to understand how CPP works and what your retirement pension will look like and why.

Learn the answers to these questions and more... How does a divorce affect your CPP? What is the impact from retiring at age 60 or age 70? How does CPP disability change at age 65?

## Do not miss this year's CPP/EI Conference!

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### Accommodation and Meals

**Delegates must stay at the Centre (unless advised the Centre is full).** Rates include 2-nights' accommodation, beginning with dinner on Friday - up to and including Sunday lunch.

Double occupancy units are also equipped with a separate study which includes a fold-out "Murphy bed" for those wishing additional privacy. Reservations are on a first come, first served basis.

## For 2-nights' accommodation and meals:

Shared room with another delegate	\$ 370.00 per delegate
Single room with spouse	\$ 620.00 per couple
Single occupancy room	\$ 520.00 per delegate
Children/Youth 17 years & over	\$ 100.00 per person
Children 12 to 16 years	\$ 50.00 per child
Children 11 years & under	No Charge for Meals

**Note**: if family member(s) are being paid for <u>by the individual</u> and not by the local, the local pays the "single occupancy" rate and the following rates apply (includes taxes):

- Spouse or child over 16 years = \$113.00
- Child 12 to 16 years = \$ 56.50

## **Child Care**

Free childcare is available for children of eligible delegates **during conference hours only.** An eligible delegate is a single parent, a parent **not** accompanied by a spouse/companion, or where **both** parents are delegates. Delegates requiring childcare <u>must pre-register by April 5, 2019 by</u>

**including the attached childcare form with the registration.** Last minute childcare registrations may result in disappointment if there are insufficient staffs. A late fee applies.

## Registrations, Reservations and Payments

The registration **deadline is Friday April 5, 2019.** Please e-mail, fax or mail the reservation forms to:

## Unifor Family Education Centre (Attention: Reservations) 115 Shipley Avenue, Port Elgin, ON NOH 2C5 Fax: (519) 389-3222 / Email: <u>confcentre@unifor.org</u>

Include the following:

- Registration form
- \$60 conference registration fee. Each delegate must pay \$60 by a separate cheque to cover conference materials, etc. Make the cheque payable to "Unifor Family Education Centre".
- A separate cheque for accommodation and meals.
- Child care form.

Reservation forms can be **emailed**: <u>confcentre@unifor.org</u> or faxed: (519) 389-3222 or - **but will** only be confirmed upon receipt of payment. Payment can be done by cheque, American Express, VISA or MasterCard (no tax applies for payment made by the Local). However, tax does apply to personal credit card payments. Preference goes to those registering by April 1, 2019.

<u>Cancellations</u> must be done in writing and sent by email or fax by April 24th, 2019 – at 3:00 PM at the latest. If not, the Local will be billed for the first night's accommodations.

#### Workshop Selection Form

Complete the attached workshop form and fax to Nasra Mussa at (416) 495-6552 or email nasra.mussa@unifor.org

#### **Conference Hours**

- The conference begins after dinner on Friday with a plenary session at 7 p.m. This will be followed by a social (cash bar) in Union Station.
- Saturday sessions run from 8:30 a.m. to 4:00 p.m. (with breaks and lunch).
- Sunday morning's session will run from 8:30 a.m. to 11:30 a.m.

### Arrival

- Room check-in starts at 3 p.m. Friday, April 26, 2019.
- Registration begins at 3 p.m.
- Dinner is at 5:30 p.m. in the dining room.
- The plenary session commences at 7 p.m. Friday
- Late room check-in is available after 10 p.m. by pressing "maintenance buzzer" outside the main administration office.
- Check-out time is by 11 a.m. Sunday, April 28<sup>th</sup>. Check out at the main administration office. Telephone charges are to be paid upon check-out.

In solidarity,

Cammie Peirce National Representative Pension & Benefits Department

CP:nmcope343

Encl:

- Unifor Family Education Centre Registration/Reservation Form
- Unifor Child Care Form
- Workshop Selection Pre-Registration Form
- cc: J Dias, B Orr, Assistants, NEB Members, National Representatives Rail Lodge Chairpersons & Presidents Port Elgin Reservations, Port Elgin Child Care



# **EI/CPP Conference**

April 26 – 28, 2019

**Unifor Family Education Centre, Port Elgin** 

# **Workshop Pre-Registration**

Name of Participant:			
Telephone #:		Unifor Local #:	
Workplace:		Sector (auto, retail, etc.):	
Email:			
Preference: French	English	Translation Required: Yes	_ No

Note: These condensed workshops will be for Saturday morning only. There will be additional group activities and plenary sessions with speakers during the conference.

	Saturday Morning Workshops
Choice	<ul> <li>EI: Basics</li> <li>Service Canada EI Staff</li> <li>Regular Benefits, Special Benefits (Maternity, Parental, Compassionate Care),</li></ul>
#	ROEs, Allocation of Separation Pay,
Choice	<ul> <li>EI: Intermediate/Advanced</li> <li>Service Canada EI Staff</li> <li>Updates Regular Benefits, Special Benefits, SUB benefits</li> <li>Review: ROEs, Work Sharing, Workforce Reduction Program, Allocation of</li></ul>
#	Separation Pay, Layoffs after Labour Disputes, etc.
Choice	<ul> <li>Canada Pension Plan:</li> <li>Service Canada CPP staff</li> <li>Retirement Benefits, Disability Benefits, Survivor Benefits, Old Age Security,</li></ul>
#	Guaranteed Income Supplement, etc. <li>Updates CPP Benefits, OAS Benefits, GIS Benefits</li>

(Send this back to Nasra Mussa at <u>nasra.mussa@unifor.org</u> or by fax at (416) 495-6552)



# **RESERVATION FORM**

**Unifor Family Education Centre** 

115 Shipley Avenue, Port Elgin, Ontario NOH 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: confcentre@unifor.org

Event/Conference Name:	
Arrival Date:	Departure Date:
Guest Mailing Address Information	Local Union:
Guest Name:	Gender:
	City:
Province/State: Post	tal Code/Zip: Country:
Home Phone: Cell Phor	ne: Email:
Labour Organization/Corporate Mailing	J Address Information
Organization Name:	
	City:
Province/State: Post	al Code/Zip: Country:
Phone: Fax:	Email:
Family Information - complete names of	only if they are attending:
Spouse/Partner attending: Yes 🗌 No 🗌	Name:
Children Attending: Yes 🗌 No 🗌	Child Care Required: Yes 🗌 🛛 No 🗌
	childcare is offered and, if so, request a childcare form for completion)
	Name: DD/MM/YY:
Name: DD/MM/YY:	Name: DD/MM/YY:
Emergency Contact:	Phone:
Special Requirements (i.e. diet, accessib	le room, no stairs, medical, off-site accommodations, etc.)
No: Yes: Explain:	Off-site meal package 🗌
Do you smoke? No: D Yes: (If so, w	e will provide ground floor access to patio if available)
Rooming Request (Partner):	
	ETHOD OF PAYMENT
Full payment for room and board will be ma	ade by (please check one):
Labour Organization (Union/Union Assoc	iate) Corporate (Non-union) Guest
I authorize payment of the following accom	imodations for this delegate:
□ shared room with another delegate	$\Box$ delegate only single room $\Box$ delegate & family
Contact person to authorize payment:	
Title	Signature:
	M/C Visa American Express
	Expiry Date: / (mm/yy)
Cheque: Payable to Unifor Family Education Centre -	send with this form - no personal cheques
Registration Fee: #	\$
Room and Board Fee: #	
	our local, please complete the following information:
	Expiry Date: / (mm/yy)
	<b>the indicated person, corporation or labour organization fails to pay</b> the Centre assumes no responsibility for loss of money, jewels, or other the or automobiles.
Guest Signature:	Date:
	HECK-OUT 11:00 a.m. • NO PETS ALLOWED



#### UNIFOR CHILD CARE SERVICES REGISTRATION FORM

Unifor Family Education Centre 115 Shipley Avenue, Port Elgin, Ontario NOH 2C5 Telephone: (519) 389-3233 Fax: (519) 389-3544 E-mail: fecchildcare@unifor.org

Program Name:		<u>.</u> Date:		·	
	CHILD INFO	RMATION			
Child's Name:					
	Full Name				
Address:Street & Number	City		Provinco	Postal Code	<u>.</u>
				Postal Code	
Gender:			(day / month /ye	ear)	<u> </u>
Principal Home Language:					
Name(s) of people to whom the child may	be released:				<u>.</u>
					<u> </u>
	PARENT INF				
Name of Parent/Guardian:		Local # (i.e. L. 2	222):		
Address (If different than above):	Street & Number	City/Town	Province	Postal Code	
Harra Dhanay					
Home Phone:					
Cell Phone:	E-Ma	il Address:			
	MEDICAL INF	ORMATION			
Child's Health Card Number and Initials:					
Is your child receiving any medication on a	n ongoing basis? If yes d				be taken:
		Yes:	<u>.</u> No:	<u> </u>	
					<u> </u>
Does your child suffer from any medical control the medical condition:	onditions such as allergie	es, asthma and dis	ease? If "yes",	please list and ex	plain in detail
					<u> </u>
					<u> </u>

Does your child have any dietary restrictions? If yes please list/explain:	Yes:	. No:
Does your child have any special needs such as but not limited to ADD, ADHD, Autism please list and explain in detail the special need:		
Does your child have any behavioural issues/concerns that we need to be aware of in of the other children? If "yes", please list and explain in detain the behavioural issues,	order to maintain h	<u>.</u>
Is your child physically able to take part in all program activities? Yes:	No:	
CONSENTS		
CONSENTS		
Do you grant permission for your son/daughter/ward to participate on short supervision for your son/daughter/ward to participate on short supervision Unifor Child Care facility in Port Elgin or the city that the program is taking place	in?	
from Unifor Child Care facility in Port Elgin or the city that the program is taking place	in? Yes:	<u>.</u> No: <u> </u>
	in? Yes: rent(s) or guardian(:	<u>.</u> No: <u>.</u> s):
from Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's pa A. In the event of a medical emergency do you hereby grant permission for the	in? Yes: rent(s) or guardian( he staff of Unifor C	<u>.</u> No: <u>.</u> s):
from Unifor Child Care facility in Port Elgin or the city that the program is taking place In the case of a medical emergency, every effort will be made to contact the child's pa A. In the event of a medical emergency do you hereby grant permission for the	in? Yes: rent(s) or guardian( he staff of Unifor C Yes: a physician/hospita	. No: s): hild Care Services who are No:
<ul> <li>from Unifor Child Care facility in Port Elgin or the city that the program is taking place</li> <li>In the case of a medical emergency, every effort will be made to contact the child's pa</li> <li>A. In the event of a medical emergency do you hereby grant permission for the trained in emergency first aid and CPR to attend to your child?</li> <li>B. In the event that you cannot be reached, do you hereby grant permission for</li> </ul>	in? Yes: rent(s) or guardian( he staff of Unifor C Yes: Yes: a physician/hospita d?	. No: s): hild Care Services who are No:
<ul> <li>from Unifor Child Care facility in Port Elgin or the city that the program is taking place</li> <li>In the case of a medical emergency, every effort will be made to contact the child's pa</li> <li>A. In the event of a medical emergency do you hereby grant permission for the trained in emergency first aid and CPR to attend to your child?</li> <li>B. In the event that you cannot be reached, do you hereby grant permission for</li> </ul>	in? Yes: rent(s) or guardian( he staff of Unifor C Yes: Yes: Yes:	<ul> <li>No:</li></ul>
<ul> <li>from Unifor Child Care facility in Port Elgin or the city that the program is taking place</li> <li>In the case of a medical emergency, every effort will be made to contact the child's pa</li> <li>A. In the event of a medical emergency do you hereby grant permission for the trained in emergency first aid and CPR to attend to your child?</li> <li>B. In the event that you cannot be reached, do you hereby grant permission for Child Care Service to hospitalize and/or secure proper treatment for your child</li> <li>The Unifor Child Care Service is a high profile program, do you hereby grant permission</li> </ul>	in? Yes: rent(s) or guardian( he staff of Unifor C Yes: a physician/hospita d? Yes: Ssion for your son/o	<ul> <li>No:</li></ul>

Signature of Parent/Guardian

Date