



Families

Employment and
Income Assistance

FAMILIES (WC) -ACC
EIA PROGRAMS SAMIN SUPPORT
3RD FLOOR 114 GARRY STREET
WINNIPEG MB CANADA R3C 4V4

FORMS LETTER TESTING (WC)
102-975 HENDERSON HWY
WINNIPEG MB R2K 2M2

JAN 28 19

CASE: 55182

DEAR: FORMS LETTER TESTING

Re: Your overpayment with the Province of Manitoba's
Employment and Income Assistance Program.

The Employment and Income Assistance Program has determined that
you were overpaid benefits under the Program in the amount of
\$ 255.00. This overpayment occurred over the period
from **DATE OP BEGAN** to **DATE OP ENDED**, as a result of

TEST PRINT LETTER- ZOA1 CLOSED O/P NOTIFICATION ORIGINAL.

If you disagree with this assessment of the overpayment, or with
the amount of the overpayment, please complete the "Objection to
Overpayment" section below and return it to my attention within
30 days from the date of this letter, at:

Employment and Income Assistance Program
300 - 114 Garry Street
Winnipeg, MB
R3C 4V4

If you do not sign and return this letter within 30 days, the
Program will take the position that you acknowledge that the
amount of the overpayment is correct, and will take all
available actions to collect upon this debt.

If you have any questions, please contact me directly at
204-945-2227.

OBJECTION TO OVERPAYMENT

I wish to advise the Employment and Income Assistance Program
that I object to the assessment of an overpayment regarding my
case, and/or the amount of that overpayment.

Date: _____
Participant Signature _____

YOURS TRULY,

. EIA COUNSELLOR