



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: Our discussion regarding your overpayment with the
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 from
DATE OP BEGAN to DATE OP ENDED, as a result of

TEST PRINT LETTER ZOA2- CLOSED O/P DISAGREE

You advised me on DATE DISCUSSED WITH WORKER that you do not agree that any
overpayment has occurred, and therefore do not believe that you
owe any amount to the Program (or, you acknowledge that an over-
payment has occurred, but you disagree with the assessed amount).

If you still disagree that an overpayment has occurred, or if you
acknowledge that an overpayment has occurred but you disagree
with the assessed amount, 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 no longer disagree with
the assessment of the overpayment, and will take all the
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