

VSTA SALARY INDEMNITY FUND APPEAL APPLICATION

Name: _____

Phone: _____

Address: _____

Email: _____

Postal Code: _____

Reason(s) for Appeal: (If more space is required please use back of page.)

I understand that information previously submitted to the SIF Committee will be made available to the SIF Appeal Committee where necessary to process my claim.

Signature of the Claimant

Date

For office use only:	
Informal Appeal completed on: _____ Date	Claim approved: _____ Claim denied: _____
Formal Appeal completed on: _____ Date	Claim approved: _____ Claim denied: _____
Comments: _____ _____ _____	