**Renewal Dues Assistance Request Form**

**Steps to Apply for Renewal Dues Assistance:**

1. Complete the Renewal Dues Assistance Request Form and identify the required supporting document.
2. Submit completed Renewal Dues Assistance Request Form and related supporting document by email to info@cphrbc.ca. Incomplete applications (including those missing supporting document(s)) cannot be processed.

Once your application is received it takes an average of 10 business days for processing. An email confirmation will be sent once your application has been reviewed. If your request is approved, your renewal invoice will be adjusted accordingly, and you will be instructed to complete your online renewal. Please ensure your complete the online renewal process after your Renewal Dues Assistance Request is approved, otherwise your renewal will not be considered complete.

Renewal Dues Assistance only applies when you are renewing your membership. It is designed to assist members for their dues during times when they may not be working full-time in the HR profession. No refunds will be given on already paid dues.

Since students enjoy the lowest dues available, they will only be eligible for Renewal Dues Assistance Request in exceptional circumstances.

**Personal Information**

CPHR BC & Yukon # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal first name on file: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Last name on file: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for accommodation request and supporting document
Kindly choose only one (1) reason that best suits your situation and submit the appropriate supporting document.

|  |  |  |
| --- | --- | --- |
| Reason for assistance request | Required supporting documentation | Percentage of dues to be paid |
| Parental Leave |  |  |
| 1st year of leave | Check only 1 box:Record of Employment (ROE)Letter from employerLatest copy of Employment Insurance (EI) claim. | 0% |
| 2nd year of leave (returning after 18 months) | Check only 1 box:Record of Employment (ROE)Letter from employerLatest copy of Employment Insurance (EI) claim. | 50% |
| Unemployment |  |  |
| Initial loss of job | Check only 1 box:Record of Employment (ROE)Latest copy of Employment Insurance (EI) claim.Standard Undertaking | 30% |
| Stay at home parent | Check only 1 box:Record of Employment (ROE)Latest copy of Employment Insurance (EI) claim.Standard Undertaking | 30% |
| More than 1 year of being unemployed | Standard Undertaking | 30% |
| Illness and Disability |  |  |
| Working part-time or reduced hours due to medical condition | Check only 1 box:Doctor’s note-No prognosis required-Written within 30 days-Hours of work per weekStandard Undertaking | 50% |
| Not working on a full-time basis due to medical condition | Check only 1 box:Doctor’s note-No prognosis required-Written within 30 days-Hours of work per weekStandard Undertaking | 0% |
| Immediate Family Support |  |  |
| Supporting multiple individuals/families | Standard Undertaking | 70% |
| Sole income earner for family (Making less than $45,000 a year) | Standard Undertaking | 70% |
| Educational Leave |  |  |
| Not working on a full-time basis | Check only 1 box: Letter from employer stating leave from workRecord of Employment (ROE)**Plus a letter from educational institution confirming student status** | 50% |
| Taking classes while working | Letter from educational institution confirming student status | 80% |
| Employed with reduced hours |  |  |
| Registrants who are experiencing reduced hours | Letter from employer confirming reduced hours. | 70% |

|  |  |  |
| --- | --- | --- |
| Retired |  |  |
| Working part-time, reduced hours in non-HR capacity with a maximum of 15 hours per week or not working in any capacity.  | Please submit and check only one box:-Standard Undertaking-Letter from employer confirming hours of work and non-HR capacity. | $60 |

1. Terms and Conditions

I confirm that the statements made by me in this form are correct and completed to the best of my knowledge and belief. I acknowledge that CPHR BE & Yukon may carry out whatever due diligence may be reasonably required to verify the accuracy of the statements above.

By checking this box, I agree to and confirm the above Terms and Conditions

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Standard Undertaking**

This document is only required to be completed if the reason for assistance request requires it. Please see required supporting documentation table above.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter applicant’s full name), hereby acknowledge and confirm the following:

I, attest that, (Please check only one (1) based on the reason you indicated at the above table)

Unemployment

* My employment recently ended.
* I am a stay-at-home parent.
* I have been unemployed since \_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy), which has been more than one year.

Illness and Disability

* I am working part-time or reduced hours due to medical condition.
* I am not working on a full-time basis due to medical condition.

Immediate family support

* My annual income is $ \_\_\_\_\_\_\_\_\_\_\_\_ and I support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_individuals.
* My annual income is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am the sole income earner for my family.

Retired

* I am retired and I am not working in HR in any capacity.
* I am retired and I am not working more than 15 hours a week in a non-HR capacity.

I acknowledge that if CPHR BC & Yukon ever becomes aware that I made misrepresentations with respect to the applicable statement above, the Association will be entitled to rely upon this Acknowledgement and Attestation in any disciplinary or similar proceeding.

Signed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Member Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Witness Signature\* Witness Print Name

**By providing an electronic signature, I confirm my understanding and agreement to the terms of this form.**

\*Witnesses can provide their electronic signature or type their name in the document. If this is not possible, we will accept an email from the witness attesting that all the information provided by the registrant is correct.

Examples

|  |  |  |
| --- | --- | --- |
| 2022-2023 Dues |  |  |
| General Member | $416 |  |
| Professional Member – CPHR | $577 |  |

1. A General member is on a 0-6 month contract. Their new renewal rate would be $416 \* 50% = $208 + GST.
2. A CPHR member has just lost their job. Their new renewal rate would be $577 \* 30% = $173 + GST
3. A CPHR member has limited to low income. Their new renewal rate would be $577 \* 70% = $404 + GST.