



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 over the period  
from DATE OP BEGAN to DATE OP ENDED, as a result of

TEST PRINT LETTER ZOA3- CLOSED O/P FINAL DISAGREE

You advised me on DATE AGREED WITH OP that you acknowledge the  
overpayment of \$ 255.00, and that the Program has the  
right to seek recovery of this overpayment through any manner  
available at law.

If you no longer agree 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 at:

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

If you do not sign and return this letter, the Program will  
continue to take all available actions to collect upon this debt.

If you have 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