

## 2023 Renewal Dues Assistance Program (RDAP) Request form

### Steps to Apply for RDAP:

1. Complete the RDAP Request form and identify the required supporting document.
2. Submit completed RDAP Request form and related supporting document by email to [renewal@hrpa.ca](mailto:renewal@hrpa.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 you complete the online renewal process after your RDAP request is approved, otherwise your renewal will not be considered complete.

To ensure there is sufficient time to process your RDAP application, please submit by May 24th. While every effort will be made to process applications received after May 24th before the May 31st renewal deadline, we cannot guarantee those applications will be processed in time. Late fees will apply to all outstanding renewals as of June 1st.

Payment for HRP A registration is non-refundable.

Since students enjoy the lowest dues available, they will only be eligible for RDAP in exceptional circumstances.

Member and students who do not wish to renew their registration may resign by completing the [Resignation form](#).

### A. Personal Information

HRPA Registration # (optional):	
Legal First name on file:	Legal Last name on file:

### B. 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
<b>Parental Leave</b>		
<input type="checkbox"/> 1st year of leave	Check only 1 box: <input type="checkbox"/> Doctor's note <input type="checkbox"/> Letter from employer <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click <a href="#">here</a> to learn more about EI claim. <input type="checkbox"/> Standard Undertaking (page 4)	30%
<input type="checkbox"/> 2nd year of leave (returning after 18 months)	Check only 1 box: <input type="checkbox"/> Doctor's note <input type="checkbox"/> Letter from employer <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click <a href="#">here</a> to learn more about EI claim. <input type="checkbox"/> Standard Undertaking (page 4)	50%

Reason for assistance request	Required supporting documentation	Percentage of dues to be paid
<b>Unemployment</b>		
<input type="checkbox"/> Initial loss of job	Check only 1 box: <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click <a href="#">here</a> to learn more about EI claims. <input type="checkbox"/> Standard Undertaking (page 4)	30%
<input type="checkbox"/> Stay at home parent	Check only 1 box: <input type="checkbox"/> Latest copy of Employment Insurance (EI) claim. Click <a href="#">here</a> to learn more about EI claims. <input type="checkbox"/> Standard Undertaking (page 4)	30%
<input type="checkbox"/> More than 1 year of being unemployed	<input type="checkbox"/> Standard Undertaking (page 4)	30%
<b>Contract Work</b>		
<input type="checkbox"/> 0 – 6 month contract	<input type="checkbox"/> Letter from employer stating duration of contract and salary	50%
<input type="checkbox"/> 6 – 12 month contract	<input type="checkbox"/> Letter from employer stating duration of contract and salary	80%
<b>Illness and Disability</b>		
<input type="checkbox"/> Working part-time or reduced hours due to medical condition	Check only 1 box: <input type="checkbox"/> Doctor's note • No prognosis required • Written within 30 days • Hours of work per week <input type="checkbox"/> Standard Undertaking (page 4)	50%
<input type="checkbox"/> Not working on a full-time basis due to medical condition	Check only 1 box: <input type="checkbox"/> Doctor's note • No prognosis required • Written within 30 days • Hours of work per week <input type="checkbox"/> Standard Undertaking (page 4)	0%
<b>Immediate family support</b>		
<input type="checkbox"/> Supporting multiple individuals/families (income will be based on the LICO table from the Government of Canada, see Appendix)	<input type="checkbox"/> Standard Undertaking (page 4)	70%
<input type="checkbox"/> Sole income earner for family (income will be based on the LICO table from the Government of Canada, see Appendix)	<input type="checkbox"/> Standard Undertaking (page 4)	70%
<input type="checkbox"/> Not working on a full-time basis due to being a Primary Caregiver of a critically ill or injured person	<input type="checkbox"/> Standard Undertaking (Page 4)	70%

Reason for assistance request	Required supporting documentation	Percentage of dues to be paid
<b>Educational Leave</b>		
<input type="checkbox"/> Not working on a full-time basis	Check only 1 box: <input type="checkbox"/> Letter from employer stating leave from work <b>Plus a letter from educational institution confirming student status</b>	50%
<input type="checkbox"/> Taking classes while working	<input type="checkbox"/> Letter from educational institution confirming student status	80%
<b>Low Income</b>		
<input type="checkbox"/> Individual income will be based on the LICO table from the Government of Canada, see Appendix.	Check only 1 box: <input type="checkbox"/> Up to date Notice of Assessment (NOA) and block out Social Insurance Number (SIN). Click <a href="#">here</a> to learn more about NOA. <input type="checkbox"/> Letter from employer confirming salary <input type="checkbox"/> Up to date proof of income statement and block out Social Insurance Number (SIN). Click <a href="#">here</a> to learn more about proof of income.	70%
<b>Employed with reduced hours</b>		
<input type="checkbox"/> Registrants who are experiencing reduced hours.	<input type="checkbox"/> Letter from employer confirming reduced hours	70%
<b>Retired</b>		
<input type="checkbox"/> Working part-time, reduced hours in non-HR capacity with a maximum of 15 hours per week or not working in any capacity. May volunteer in a non-HR capacity.	Please submit and check only one box: <input type="checkbox"/> Standard Undertaking (page 4) <input type="checkbox"/> Letter from employer confirming hours of work and non-HR capacity.	\$100 plus tax.

## C. Terms and Conditions

I confirm that the statements made by me in this form are correct and complete to the best of my knowledge and belief. I acknowledge that HRPAA may carry out whatever due diligence may be reasonably required to verify the accuracy of the statements above. I understand that a false or misleading statement or representation may lead to a refusal to issue a certificate of registration or to revocation of my certificate of registration with the Association.

☐ 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:

1. 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.
- ☐ I am not working on a full-time basis due to providing care for a critically ill or injured person.

### Retired

- ☐ I am retired and I am not working or volunteering in HR in any capacity.
- ☐ I am retired and I am not working more than 15 hours a week in a non-HR capacity.  
Also, I am not volunteering in HR in any capacity.

2. I acknowledge that if HRPAA 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.

3. Please note, in certain circumstances, HRPAA may request a doctor's note in addition to the standard undertaking.

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

\_\_\_\_\_  
(Registrant 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.

## Appendix

### Terms

ROE – Record of Employment

NOA – Notice of Assessment

EI – Employment Insurance

LICO – Low Income Cut-Off (table from Government of Canada)

**Table 1 – Low Income Cut-Off (LICO)**

Size of Family Unit	Maximum income
1 person (HRPA Registrant)	\$26,620
2 persons	\$33,140
3 persons	\$40,742
4 persons	\$49,466
5 persons	\$56,104
6 persons	\$63,276
7 persons	\$70,448
More than 7 persons, for each additional person, add	\$7,172

\*Source: <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5482-instruction-fill-financial-evaluation-form-1283.html>

### **Current Renewal Dues**

2023–2024 Dues	In Province	Out of Province
CHRE	\$519.00	\$424.00
CHRL	\$519.00	\$424.00
CHRP	\$371.00	\$276.00
Practitioner	\$440.00	\$350.00
Allied Professional	\$276.00	\$186.00