Saskatchewan
Ministry of
Advanced Education,
Employment and
Immigration

Student Financial Assistance
200 - 3303 Hillsdale Street
Regina SK S4S 6P4
(306) 787-5620
1-800-597-8278
Fax: (306) 787-0760

Exemption Request
Provincial Training Allowance

File No. For Office Use Only

Client's PHN

Client's SIN

Client's Name _____
Surname First name

Exemption Request Information - Complete A, B or C

A - Waive Overpayment in the amount of $ _____ due to:

- ❑ Discontinuation for documented medical reasons ***(Attending Physician's Statement required)***;
- ❑ Discontinuation due to death in immediate family ***(Copy of Death or Funeral Director's Certificate required);***
- ❑ Course cancellation by educational institution ***(Letter from educational institution required).***

NOTE: Clients who have been approved under Option A, will be restricted from further funding following the completion of their current study period.

B - Defer Overpayment in the amount of $ _____ .

- **IF THE CLIENT IS <u>STILL</u>** in receipt of PTA funding and has an outstanding overpayment balance, 10% of the monthly need will be deducted each month to repay the overpayment balance. Clients in this situation may request deferral of the overpayment deduction for one of the following reasons:
  - ❑ Overpayment resulted from an assessment error;
  - ❑ Overpayment deduction will cause financial hardship (monthly budget and expense receipts required).
- **IF THE CLIENT IS NO <u>LONGER</u>** in receipt of PTA funding and has an outstanding overpayment balance to be repaid, deferral of repayment of the overpayment may be requested for one of the following reasons:
  - ❑ Client is in receipt of assistance from the Ministry of Social Services (letter from case worker or copy of deposit advice required);
  - ❑ Client is in receipt of student loan funding;
  - ❑ Other. Specify _____

  NOTE: Clients who have defaulted on the repayment of their overpayment will be restricted from further funding.

C - Reduce/Increase Overpayment Deduction. New monthly amount requested: $_____.___

- ❑ Reduce overpayment deduction due to financial hardship (attach monthly budget along with expense receipts);
- ❑ Reduce overpayment deduction as it was created due to an assessment error;
- ❑ Increase monthly overpayment deduction;
- ❑ Other. Specify _____

Check (✔) List for Documents Attached to this Exemption Request:

Delays in processing occur when the appropriate documentation is not attached. Use the following check list for the documents to be included with this request.

- ❑ Attending Physician's Statement
- ❑ Letter from educational institution
- ❑ Monthly budget *(including copies of bills)*
- ❑ Letter from Ministry of Social Services
- ❑ Other supporting documentation. Specify _____

X _____ _____
Client's signature (in ink) Date

FOR OFFICE USE ONLY: Total Amount of Overpayment $ _____

Rational for Recommendation: _____

RECOMMENDED: ❑ Yes ❑ No X _____ Date _____
Supervisor (PTA)

RECOMMENDED: ❑ Yes ❑ No X _____ Date _____
Manager (Income Support)

RECOMMENDED: ❑ Yes ❑ No X _____ Date _____
Director

Approved: ____ **Rejected:** ____ X _____ Date _____
Executive Director

PTA247-0710