# Request for Repayment of a Benefit

*A CDB amount taken when you were not receiving the CDB is an underpayment AISH must repay*

## WHEN TO USE THIS FORM

Use this form if AISH deducted the $200 Canada Disability Benefit (CDB) amount from your benefit during a time when you were not receiving the CDB in that amount — for example, the deduction started before the federal decision came in, you were later denied the DTC or the CDB, or more was taken than the CDB you received. When AISH pays you less than you were eligible for, that is an underpayment, and the law requires AISH to repay it in full. This form asks them to do that.

## BEFORE YOU SEND THIS

If you were denied, keep your DTC or CDB denial letter and attach a copy — it is your proof there was no CDB to count. You do not need to know the exact total: you can write “to be determined by AISH” and ask them to calculate it.

## HOW TO USE THIS FORM

1. Fill in the date, your name, your AISH file number, and your AISH office at the top (page 2).
2. Fill in the amount deducted and the month it started, as best you know.
3. Check the boxes that describe your situation.
4. In the box, tell them what happened in your own words (page 3).
5. Sign and date.
6. Send it to your AISH office. The full contact list is on the last page. Email is easiest, and your sent email is your proof. Keep a copy.

> **WHERE IT GOES: your AISH office (last page). If you are also appealing, you may copy the Appeals Secretariat.**

**Date** _____ **AISH File Number** _____

**To (your AISH office)** _____

**From (your full name)** _____

**Re:** Request for repayment of a Canada Disability Benefit clawback that resulted in an underpayment of my AISH benefit

## THE SITUATION

The CDB amount was deducted from my AISH benefit as follows (fill in what you know — AISH can confirm exact figures):

**Amount deducted ($ per month)** _____ **Started (month / year)** _____

During the period this amount was deducted, the following was true (check all that apply):

- ☐ I was not yet receiving the CDB — the federal determination had not been issued.
- ☐ I was denied the Disability Tax Credit (DTC), so I could not receive the CDB.
- ☐ I was denied the CDB.
- ☐ More was deducted than the CDB I received (I was clawed back too much).

**Total I believe was deducted in error $** _____ *(or write "to be determined by AISH")*

## THE LEGAL GROUNDS

My request rests on AISH's own legislation, which makes repayment of an underpayment mandatory:

- Assured Income for the Severely Handicapped Act, section 8 provides that where a director determines there has been an underpayment of a benefit, the director may address the underpayment in accordance with the regulations.
- AISH General Regulation, section 10(1) provides that if a director determines a client was underpaid a benefit, the director must pay the outstanding amount to the client. The word is "must," not "may."
- AISH policy confirms an underpayment arises when a client receives less than they were eligible for — including as a result of administrative error — and that AISH assesses the underpayment for the entire period and reimburses the full amount.

Because the CDB amount was deducted from my AISH benefit during a period when I was not receiving the CDB in that amount, my AISH benefit was reduced below what I was eligible to receive. That reduction is an underpayment. Under section 10(1) of the General Regulation, AISH must repay it in full.

## WHAT I AM REQUESTING

1. That AISH assess the underpayment created by deducting the CDB amount during the period(s) above.
2. That AISH provide me, in writing, the detailed calculation of that underpayment.
3. That AISH repay the full amount of the underpayment for the entire period, as required by section 8 of the Act and section 10(1) of the General Regulation.
4. That AISH confirm my corrected ongoing benefit amount going forward, so the deduction is only applied for periods in which I receive the CDB.

## IN MY OWN WORDS

Here is what happened, in my own words (dates, what I was told, and how this affected me):

*Maximum: 1200 characters.*

I ask that this be resolved in my favour and that the full underpayment be repaid. I am available to provide any further information required.

**Signature** **Date**

**Printed name**

**Phone or email**

*This form contains general information, not legal advice. The legislative provisions cited are current as of the AISH General Regulation in force now; a submission made before July 2, 2026 is governed by that framework.*

## Where to Send This — AISH Offices

Send your completed form to your AISH or ADAP worker using the contacts below. Office hours are 8:15am to 4:30pm, Monday to Friday (closed statutory holidays). If you do not know which office holds your file, the Alberta Supports Contact Centre can route you. In Alberta, dial 310-0000 first to reach any toll-free number free of charge. Source: alberta.ca/contact-aish.

> Already appealing, or want to? You may also send a copy to the Appeals Secretariat — alss.appeals@gov.ab.ca · Fax 780-422-1088.

**ALBERTA SUPPORTS CONTACT CENTRE (main intake)**
Toll-free: 1-877-644-9992
Email: css.ascc@gov.ab.ca
Hours: 7:30am – 8:00pm, Mon – Fri

**EDMONTON REGION**
Email: northzoneaish@gov.ab.ca
Phone: 780-415-6300
City Centre, Northgate, Mill Woods, Meadowlark

**CALGARY REGION**
Email: calgaryaish@gov.ab.ca
Phone: 1-866-334-6950 / 403-297-8511
Westland, One Executive Place, Heritage Square

**AISH APPLICATION PROCESSING CENTRE**
PO Box 17000 Station Main, Edmonton, AB T5J 4B3
Toll-free: 1-877-759-6810
Local: 587-759-6810

**SOUTHERN ALBERTA (regional line)**
Phone: 1-833-382-4081
Covers: Lethbridge, Medicine Hat, Brooks, Crowsnest Pass, Pincher Creek, Taber

**CENTRAL ALBERTA (regional line)**
Phone: 1-833-698-9959
Covers: Red Deer, Olds, Drumheller, Camrose, Stettler, Drayton Valley, Lloydminster, Rocky Mountain House, Vermilion, Wainwright, Wetaskiwin, Whitecourt

**NORTHERN ALBERTA (regional line)**
Phone: 1-888-644-1802
Covers: Athabasca, Barrhead, Bonnyville, Cold Lake, Edson, Fort McMurray, Grande Prairie, High Level, High Prairie, Hinton, Lac La Biche, Leduc, Peace River, Sherwood Park, Slave Lake, St. Albert, St. Paul, Vegreville, Westlock

**24-HOUR EMERGENCY (evenings, weekends)**
Phone: 780-644-5135 / 1-866-644-5135
Email: css.iscc@gov.ab.ca