



Application for Disability Benefits Canada Pension Plan

Date Stamp

FOR OFFICE USE ONLY			
Application taken by	Year	Month	Day

Information about you

1. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. First name and initial Last name	Language Preference <input type="radio"/> English <input type="radio"/> French	Social Insurance Number
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<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Surviving spouse or common-law partner <input type="radio"/> Married <input type="radio"/> Common-Law <input type="radio"/> Divorced	Date of birth YYYY-MM-DD	FOR OFFICE USE ONLY
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2. Home address (No., Street, Apt., RR)	City
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Province or territory	Country (if other than Canada)	Postal code	Telephone number
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Mailing address if different from home address (No., Street, Apt., PO Box, RR)	City
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Province or territory	Country (if other than Canada)	Postal code
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3. If you now live outside of Canada, in which Canadian city and province or territory did you last reside? City: Province or territory:	In which year did you leave Canada?
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4. Payment Information

Direct deposit in Canada:
 Complete the boxes below with your banking information.

Branch number (5 digits)	Institution number (3 digits)	Account number (maximum of 12 digits)
_____	_____	_____

Name(s) on the account	Telephone number of your financial institution
_____	_____

Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development Canada (ESDC) and the Canada Revenue Agency (CRA) to share your personal and direct deposit information, your consent is required.

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

4. Payment Information (cont'd)

By selecting "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you select "I do not agree", your information will not be shared.

I agree I do not agree

Direct deposit outside Canada:

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.

5. State your last name at birth (if different from Question 1).

State the last name shown on your Social Insurance Number Card (if different from Question 1).

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6. Have you ever lived or worked in another country? Yes No

If yes, list below all of the places you have lived or worked outside of Canada and your social security identification number(s).

Name of Country	Social Security Number in that Country	Residence				Employment				Has a benefit been requested or received from that country?	
		From		To		From		To		Yes	No
		Year	Month	Year	Month	Year	Month	Year	Month		

(Note: If you need more space, use a separate sheet of paper.)

7. Have you ever applied for, or received:

	Applied		Received		If yes, indicate under which Social Insurance Number.
	Yes	No	Yes	No	
Canada Pension Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quebec Pension Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Age Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

8. Provide your spouse's or common-law partner's full name and Social Insurance Number, if available.

Information about your children

Provide information since the time you became disabled until the present.

9. Do you have any children born after December 31, 1958?

Yes No **If yes**, complete the provided "Canada Pension Plan Child Rearing Provision" form (SC ISP-1640) and **return it with this application.**

Social Insurance Number

PROTECTED B (when completed)

Children under age 18

10. Do you have children under the age of 18 in your custody and control?
 Yes No **If yes, provide the following information for each child.**

First Child's First name and initial Last name Social Insurance Number

Natural Child Legally Adopted Male Female Date of birth YYYY-MM-DD **FOR OFFICE USE ONLY**
 Other (explain circumstances)

Second Child's First name and initial Last name Social Insurance Number

Natural Child Legally Adopted Male Female Date of birth YYYY-MM-DD **FOR OFFICE USE ONLY**
 Other (explain circumstances)

If there is insufficient space to list all of your children, use a separate sheet, notate your Social Insurance Number, sign it and attach it to this application.

11. Do you have children under the age of 18, in the custody and control of someone else? Yes No **If yes, provide the following information:**

First Child's First name and initial Last name **FOR OFFICE USE ONLY**

Custodian's full name Address (No., Street, Apt., or RR)

City Province or territory Country (if other than Canada) Postal code

Second Child's First name and initial Last name **FOR OFFICE USE ONLY**

Custodian's full name Address (No., Street, Apt., or RR)

City Province or territory Country (if other than Canada) Postal code

Children over the age of 18

12. Do you have children between the ages of 18 and 25 attending school, college or university now or within the past 11 months?
 Yes No **If yes, provide the following information:**

First Child's First name and initial Last name **FOR OFFICE USE ONLY**

Address (No., Street, Apt., RR) City

Province or territory Country (if other than Canada) Postal code Date of birth YYYY-MM-DD

Social Insurance Number

PROTECTED B (when completed)

Children over the age of 18 (cont'd)

Second Child's First name and initial	Last name	FOR OFFICE USE ONLY
Address (No., Street, Apt., RR)		

Province or territory		Country (if other than Canada)	Postal code	Date of birth YYYY-MM-DD
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If there is insufficient space to list all of your children, use a separate sheet, notate your Social Insurance Number, sign it and attach it to this application.

13. On behalf of any of the children listed in this application, has an application previously been made, or have benefits been received from:

	Applied			Received		
Canada Pension Plan	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Quebec Pension Plan	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

If yes, indicate under which Social Insurance Number(s).

Social Insurance Number

Social Insurance Number

Declaration and signature

Part 1

Your personal information is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. Your personal information may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes however, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *CPP* and *Old Age Security Act*.

Your personal information is administered in accordance with the *CPP*, the *Privacy Act*, the *Department of Employment Social Development Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank Canada Pension Plan Program (ESDC PPU 140 and 146). You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: www.canada.ca/infosource-ESDC. *Info Source* may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern.

Part 2 - To be completed by the applicant

I hereby apply for a disability and, if applicable, a child benefit under the Canada Pension Plan and declare that to the best of my knowledge and belief, all of the information herein is true and complete.

I agree to notify the Canada Pension Plan of any changes that may affect my eligibility for benefits. This includes: an improvement in my medical condition; a return to work (full, part-time, volunteer, or trial period); attendance at school or university; trade or technical training; or any rehabilitation.

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature of applicant

Date (YYYY-MM-DD)

If you change your address, you must notify your nearest Service Canada Office.

Part 3 - To be completed by a witness if the applicant signs with a mark "X"

I have read the contents of this application to the applicant, who appeared to fully understand them and who made his/her mark in my presence.

Name of witness (print)

Signature of witness

Date (YYYY-MM-DD)

Address (No., Street, Apt., or RR)

City

Province or territory

Country (if other than Canada)

Postal code

Telephone number

Part 4 - To be completed only by a representative of the applicant

I hereby apply for a disability and, if applicable, a child benefit under the Canada Pension Plan on behalf of the applicant and declare that to the best of my knowledge and belief, all of the information herein is true and complete.

I agree to notify the Canada Pension Plan of any changes that may affect the applicant's eligibility for benefits. This includes: an improvement in the medical condition; a return to work (full, part-time, volunteer, or trial period); attendance at school or university; trade or technical training; or any rehabilitation.

I also agree to notify the Canada Pension Plan if and when I cease acting as the representative of the applicant and/or of any changes in the applicant's condition whereby the applicant is able to act on his/her own behalf.

Note: A false or misleading statement may result in an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or in the prosecution of an offence. Any benefits received or obtained to which there was no entitlement would have to be repaid.

Name of representative (print)

Signature of representative

Relationship to the applicant

Date (YYYY-MM-DD)

Address (No., Street, Apt., or RR)

City

Province or territory

Country (if other than Canada)

Postal code

Telephone number



Service
Canada

Service Canada Offices Disability

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-957-1954** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

NOVA SCOTIA AND PRINCE EDWARD ISLAND

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK AND QUEBEC

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

ONTARIO

Service Canada
PO Box 2020 Station Main
Chatham ON N7M 6B2
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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