



# Terminal Illness Medical Attestation for a Disability Benefit Under the Canada Pension Plan

## Instructions for the applicant/patient - please read carefully

A Terminal Illness Application and a Terminal Illness Medical Attestation are needed by Service Canada to determine if you qualify for a Canada Pension Plan (CPP) disability benefit.

The condensed CPP disability benefit application and Terminal Illness Medical Attestation has been designed for individuals who have a **terminal** illness.

For the purposes of CPP, a terminal medical condition is a disease state that cannot be cured or adequately treated and is reasonably expected to result in death within six (6) months.

If this does not apply to you, do not use this form. You will need to complete the form **Application for Canada Pension Plan Disability Benefit (ISP1151)** and ask your doctor or nurse practitioner to complete the form **Medical Report for Canada Pension Plan Disability Benefits (ISP2519)** found online at [www.canada.ca/esdc-forms](http://www.canada.ca/esdc-forms).

You (the applicant) must:

complete the **Terminal Illness Application for a Disability Benefit under the Canada Pension Plan (ISP2530A)**. The application can be found at [www.canada.ca/esdc-forms](http://www.canada.ca/esdc-forms).

fill out **Section 1 and Section 2** of this **Terminal Illness Medical Attestation**.

sign all areas that require your signature.

write your Social Insurance Number at the top of each page of this **Terminal Illness Medical Attestation**.

Your doctor or nurse practitioner must complete **Section 3** of the **Terminal Illness Medical Attestation**, sign it and send it to Service Canada.

**DO NOT WAIT** for your doctor or nurse practitioner to complete the **Terminal Illness Medical Attestation** before sending your **Terminal Illness Application** to Service Canada. The date Service Canada receives your application could affect when your benefit starts.

Service Canada will help you pay for the cost of the **Terminal Illness Medical Attestation** by paying up to \$85.00 directly to your doctor or nurse practitioner. Any money owing over this amount is your responsibility.

### Section 1 - Information about you

Social Insurance Number		Preferred language <input type="radio"/> English <input type="radio"/> French		<b>FOR OFFICE USE ONLY</b> Date stamp
Optional: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.				
First name		Middle name	Last name(s)	
Date of birth (YYYY-MM-DD)		Last name at birth (if different from above)		
Mailing address (No., Street, Apt., P.O. Box, R.R.), City/Town, Province/Territory, Country (if not Canada), Postal Code				
Telephone number			Alternate telephone number	
The best time for Service Canada to contact you: <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Please don't call, send letters only				

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

Social Insurance Number: \_\_\_\_\_

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## Section 2 - Consent for Service Canada to obtain personal information

The **consent for Service Canada to obtain personal information** must be completed and returned with this **Terminal Illness Medical Attestation**. Your doctor or nurse practitioner can make a photocopy of this consent for their records.

Service Canada is authorized under Section 68 and 69 of the *Canada Pension Plan (CPP) Regulations* to receive personal information (medical and non-medical) about you to determine if you qualify or continue to qualify for CPP disability benefits. Your consent to permit Service Canada to obtain this information is necessary, should Service Canada need this information from persons and organizations listed below.

**I give Service Canada my consent to obtain personal information about me that would help determine if I qualify or continue to qualify for CPP disability benefits. For this reason, Service Canada may contact any of the following persons and organizations if necessary:**

- medical doctors, nurse practitioners, consultant specialists, or other health care professionals
- educational institutions or other vocational agencies
- my accountant or bookkeeper for information on self-employment
- federal, provincial, territorial, or municipal government departments and agencies
- provincial or territorial workers' compensation boards
- financial institutions (for address updates only)
- medical facilities or hospitals
- administrators of insurance plans
- employers, former employers
- voluntary organizations
- employees (for the cases of self-employed persons)

**Note: Failure to check an option below could result in a delay in processing your application.**

**I give my consent** to Service Canada to obtain medical and other personal information about me from all persons and organizations listed above. I understand that this information may help determine if I qualify or continue to qualify for CPP disability benefits.

**I do not give my consent** to Service Canada to obtain medical and other personal information about me from all persons and organizations listed above.

I understand that if I do not give my consent, Service Canada:

- will make a decision based on the available information on my file;
- may stop paying me the benefits if I am already receiving them; and
- can require that I provide the necessary information.

**Signature of applicant / authorized representative**

Date (YYYY-MM-DD)

**To be completed by a witness only if the applicant signs with a mark (e.g. X).**

I have read the contents of this section to the applicant, who appeared to fully understand them and who made their mark in my presence.

First name of witness (print)	Middle name	Last name(s)	Telephone number
<b>Witness signature</b>		<b>Date</b> (YYYY-MM-DD)	

This signed consent is valid for up to 3 years unless you cancel it in writing. Service Canada requires your original signature, but we will use a photocopy and consider it as valid as the original when requesting personal information from the persons and organizations listed above.



# Terminal Illness Medical Attestation for a Disability Benefit Under the Canada Pension Plan

## To the Physician or Nurse Practitioner

### Instructions

Your patient is applying for a Canada Pension Plan (CPP) disability benefit. This **Terminal Illness Medical Attestation** is to be used for those individuals with a **terminal** illness.

**For the purposes of CPP, a terminal medical condition is a disease state that cannot be cured or adequately treated and is reasonably expected to result in death within six (6) months.**

Applications from patients with a terminal illness receive priority handling. Our goal is to determine the patient's eligibility for CPP disability benefits within 5 business days of receiving a complete application, including the Terminal Illness Medical Attestation.

If your patient's prognosis does not meet the definition above, please complete the form **Medical Report for Canada Pension Plan (ISP2519)** found online at [www.canada.ca/esdc-forms](http://www.canada.ca/esdc-forms) instead.

To help us determine if they are eligible, please complete this form on their behalf. Note that we may contact you if we require additional information.

Under CPP legislation, Service Canada is responsible for deciding if a person is disabled. According to the legislation, a disability must be a mental and/or physical impairment(s) that is both **severe and prolonged**.

- **Severe** means that a person has a mental and/or physical disability that regularly stops them from doing any type of substantially gainful work/occupation; **and**
- **Prolonged** means that the disability is long-term and of indefinite duration **or** is likely to result in death.

The legal test for CPP disability is one of medical impairment and employability. In other words, does the severe and prolonged disability prevent the person from regularly working at any job? To decide if the disability meets this legal test, Service Canada looks at the combined impact of:

- the objective medical findings;
- the functional limitations, as reported by both the patient and their health care professional; and
- the person's age, education, and work experience.

### Access to Personal Information

Pursuant to the *Privacy Act*, upon written request, Service Canada is obligated to provide the applicant or their representative with any information or records, including medical reports, contained in their file (Personal Information Bank ESDC PPU 146). For more information regarding the *Privacy Act*, you can consult Info Source at [www.infosource.gc.ca](http://www.infosource.gc.ca).

## Compensation

To compensate you for completing the Terminal Illness Medical Attestation, Service Canada will pay up to \$85.00 directly to you. To ensure prompt payment, submit the completed attestation and your invoice as quickly as possible.

Your invoice must include the patient's name, address, and identification number. For income tax purposes, your invoice must also include one of the following:

- your Business Number (BN); **or**
- your Goods and Services Tax (GST) / Harmonized Sales Tax (HST) number; **or**
- your Social Insurance Number (SIN).

Without the appropriate numbers, your medical invoice cannot be processed.

Without this information, you and/or Service Canada may be subjected to a fine as noted in the *Income Tax Act*, paragraph 221(1).

## Submitting the Terminal Illness Medical Attestation

Mail the completed Terminal Illness Medical Attestation and supporting documents to the Service Canada location that serves the province/territory where your patient resides (see address page at the end of this form).

For patients currently living outside Canada, mail the completed Terminal Illness Medical Attestation to the office serving the province/territory where the patient last lived. If unsure, please verify with the patient.

If you send us the Terminal Illness Medical Attestation on your patient's behalf, please advise them.

**A delay in the completion of this Terminal Illness Medical Attestation may affect your patient's entitlement to benefits due to lack of medical information.**

If you have any questions, contact Service Canada at 1-800-277-9914 (TTY users: 1-800-255-4786).

To retain a copy of the **Consent for Service Canada to obtain personal information (Section 2)** for your records, please make a photocopy and return the original with the completed **Terminal Illness Medical Attestation**. If you require an original signature, the form (ISP2502) can be found at [www.canada.ca/esdc-forms](http://www.canada.ca/esdc-forms).

## Section 3 - Terminal Illness Medical Attestation

**PLEASE TYPE OR PRINT CLEARLY using blue or black ink.**

1. When did you start treating the patient for the terminal medical condition? (YYYY-MM-DD) \_\_\_\_\_

2. Did you recommend that the patient stop working?

- Yes, I recommended that the patient stop working as of (YYYY-MM-DD): \_\_\_\_\_
- No                       Not discussed

3. I last examined the patient on (YYYY-MM-DD) \_\_\_\_\_ and attest that they have the following terminal medical condition:

Diagnosis	ICD-9-CM code (XXX.X)	Date of symptom onset (YYYY-MM)

Social Insurance Number:

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**Attestation**

**I confirm that, to the best of my knowledge:**

- the patient has a terminal medical condition that cannot be cured or adequately treated and is reasonably expected to result in death within six (6) months; and
- all of the information I have provided in this Attestation is accurate and complete.

I am a:

- general practice physician or physician certified in family medicine (CCFP)
- other physician specialist (please specify) \_\_\_\_\_
- nurse practitioner
- registered nurse in a geographically isolated community (not urban or rural)

<b>Name</b> (Print)	<b>Address and telephone number</b> (Please print or use a stamp)
<b>Signature</b>	
<b>Date</b> (YYYY-MM-DD)	

If the patient has been out of the workforce for two years or more, please list any additional medical condition(s) that prevent(s) them from regularly working at any job. Attach available supporting documentation.

- 1.
- 2.
- 3.



Service  
Canada

# Service Canada Offices Disability

Mail your forms to the nearest Service Canada office listed below.

From outside of Canada, send your forms to the Service Canada office in the province/territory where you last lived.

## **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

If you have any questions, call us.

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

For 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.