



# Child Rearing Provision Canada Pension Plan

If you are requesting the Child Rearing Provision on your behalf, please provide your Social Insurance Number and name in number 1 and 2 below. If you are requesting the provision on behalf of a person who is deceased, please provide the Social Insurance Number and name of the deceased in number 1 and 2 below.

<b>1. Social Insurance Number</b>	<b>2A. Optional</b> Mr. Mrs. Ms. Miss	<b>2B. First name, initial and last name</b>
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**3. Information about the children** List all children born after December 31, 1958.

Child's Full Name	Child's SIN	Child's Date of Birth YYYY-MM-DD	If the child was born outside Canada, tell us the date the child entered Canada YYYY-MM-DD
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____

Should you need to list more children, use a separate sheet, answer the questions for each additional child, sign the sheet, indicate your (or the deceased's) Social Insurance Number and attach the sheet to this form.

Were you the primary caregiver for these children from birth until age 7? Yes No

If **no**, please list any periods of time where you were not the primary caregiver and provide a reason:

<b>From:</b> (YYYY-MM)	<b>To:</b> (YYYY-MM)	<b>From:</b> (YYYY-MM)	<b>To:</b> (YYYY-MM)
_____	_____	_____	_____
Reason: _____		Reason: _____	

Did you or your spouse or common-law partner receive Family Allowances or Canada Child Tax Benefits for these children? Yes No

If **yes**, please indicate who received the benefits: You Your spouse or common-law partner

List any periods of time while the children were under the age of seven and when you **did not** receive Family Allowances or Canada Child Tax Benefits and provide a reason. Do not list periods of time when you were eligible for the Canada Child Tax Benefit, but did not receive it because your family income was too high.

<b>From:</b> (YYYY-MM)	<b>To:</b> (YYYY-MM)	<b>From:</b> (YYYY-MM)	<b>To:</b> (YYYY-MM)
_____	_____	_____	_____
Reason: _____		Reason: _____	

**Note: If you did not provide a Social Insurance Number for each child, or if any of the children were born abroad, please refer to the Information sheet under section "Documents required".**

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PROTECTED B (when completed)

Social Insurance Number

## 4. Signature

I declare that, to the best of my knowledge, the information on this form is true and complete. I realize that my personal information, or the personal information of the deceased, is governed by the *Privacy Act* and it can be disclosed where authorized under the *Canada Pension Plan*.

**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

Date (YYYY-MM-DD)

Telephone number

**NOTE:** We can only accept a signature with a mark (e.g. X) if a responsible person witnesses it. That person must also complete the declaration below.

If you are completing this form on behalf of someone who is deceased, please provide the following.

Your Name

Address

Telephone number

## 5. Witness's declaration

**If the applicant signs with a mark, a witness (friend, member of family, etc.) must complete this section.**

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

Name

Relationship to applicant

Telephone number (day)

Address

Witness's signature

Date (YYYY-MM-DD)

## 6. Waiver of rights to the Child Rearing Provision

**To be completed only by the person who received Family Allowances payments under the *Family Allowances Act* and wishes to waive all rights to the Child Rearing Provision in favour of the spouse who remained at home and was the primary caregiver for the child(ren).**

**I declare that, for the child(ren) indicated in Section 3, I have not and will not make any claims for the Child Rearing Provision for the period(s) accredited to my spouse.**

Name

Social Insurance Number

Signature

Date (YYYY-MM-DD)

Telephone number during the day



Service  
Canada

# Service Canada Offices

## Canada Pension Plan

### 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

### PRINCE EDWARD ISLAND

Service Canada  
PO Box 8000 Station Central  
Charlottetown PE C1A 8K1  
CANADA

### NOVA SCOTIA

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

**For postal codes beginning with "L, M or N"**

Service Canada  
PO Box 5100 Station D  
Scarborough ON M1R 5C8  
CANADA

### ONTARIO

**For postal codes beginning with "K or P"**

Service Canada  
PO Box 2013 Station Main  
Timmins ON P4N 8C8  
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 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### BRITISH COLUMBIA AND YUKON

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

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