

APPLICATION FOR DISABILITY BENEFITS CANADA PENSION PLAN

Date Stamp

FOR OFFICE USE ONLY

Application taken by

Year

Month

Day

INFORMATION ABOUT YOU

1. Mr. Mrs. Miss Ms.

First Name and Initial

Last Name

Language
Preference

English

French

Social Insurance Number

Male

Single

Separated

Surviving spouse or
common-law partner

Date of Birth

Year

Month

Day

FOR OFFICE USE ONLY

Female

Married

Common-Law

Divorced

2. HOME ADDRESS (No., Street, Apt., R.R.)

City

Province or Territory

Country other than Canada

Postal Code

Telephone number

MAILING ADDRESS if different from home address (No., Street, Apt., P.O. Box, R.R.)

City

Province or Territory

Country other than Canada

Postal Code

3. If you now live outside of Canada, in which Canadian city and province or territory did you last reside?

In which year did you
leave Canada?

City:

Province or Territory:

4. DIRECT DEPOSIT OPTION *(For Canada only)*

For direct deposit outside Canada, please contact us at 1-800-277-9914 (from the United States) and at 613-990-2244 from all other countries (we accept collect calls).

If your application is approved, do you want your monthly payments deposited into your account at your financial institution?

No (Go to question 5)

Yes - Complete the boxes below (you may want to contact your financial institution to get this 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

You can attach an unsigned personalized cheque with the word "VOID" on the front of the cheque and your social insurance number on the back.

Social Insurance Number

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). FOR OFFICE USE ONLY

6. Have you ever worked in another country?

Yes **If yes, state the name of the country(ies) and your social security identification number(s).**

No

a) Country(ies) Identification Number(s) (If known)

b)

7. Have you ever applied for, or received:

	Applied		Received		If yes, indicate under which Social Insurance Number.
CANADA PENSION PLAN	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
QUEBEC PENSION PLAN	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
OLD AGE SECURITY	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>

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 **If yes, complete the provided "Canada Pension Plan Child Rearing Provision" form (ISP 1640) and return it with this application.**

No

CHILDREN UNDER AGE 18

10. Do you have children under the age of 18 in your custody and control?

Yes **If yes, provide the following information for each child.**

No

First Child's First Name and Initial	Last Name	Social Insurance Number
<input type="radio"/> Natural Child <input type="radio"/> Legally Adopted	<input type="radio"/> Male	FOR OFFICE USE ONLY
<input type="radio"/> Other (Explain circumstances)	<input type="radio"/> Female	

Second Child's First Name and Initial	Last Name	Social Insurance Number
<input type="radio"/> Natural Child <input type="radio"/> Legally Adopted	<input type="radio"/> Male	FOR OFFICE USE ONLY
<input type="radio"/> Other (Explain circumstances)	<input type="radio"/> Female	

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.

Social Insurance Number

11. Do you have children under the age of 18, in the custody and control of someone else?

- Yes **If yes, provide the following information:**
 No

First Child's First Name and Initial	Last Name	FOR OFFICE USE ONLY
--------------------------------------	-----------	---------------------

Custodian's Full Name	Address (No., Street, Apt., or R.R.)		
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 R.R.)		
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 **If yes, provide the following information:**
 No

First Child's First Name and Initial	Last Name	FOR OFFICE USE ONLY
--------------------------------------	-----------	---------------------

Address (No., Street, Apt., R.R.)	City		
Province or Territory	Country other than Canada	Postal Code	Date of Birth Year Month Day

Second Child's First Name and Initial	Last Name	FOR OFFICE USE ONLY
---------------------------------------	-----------	---------------------

Address (No., Street, Apt., R.R.)	City		
Province or Territory	Country other than Canada	Postal Code	Date of Birth Year Month Day

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
---	-------------------------	-------------------------

Social Insurance Number

DECLARATION AND SIGNATURE

PART 1 - 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 realize that my personal information is governed by the *Privacy Act* and it can be disclosed to provincial disability income programs where authorized under the CPP.

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

Year Month Day

X

IF YOU CHANGE YOUR ADDRESS, YOU MUST NOTIFY YOUR NEAREST SERVICE CANADA OFFICE.

PART 2 - 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

Year Month Day

X

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

City

Province or Territory

Country other than Canada

Postal Code

Telephone number

PART 3 - 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

Year Month Day

X

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

City

Province or Territory

Country other than Canada

Postal Code

Telephone number

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: **613-990-2244** (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 Station A
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

Disponible en français