



# Authorization to Communicate Information Canada Pension Plan

**It is very important that you:**

use a **pen** and **print** as clearly as possible.

## SECTION A - PERSON OR AUTHORITY WHO WILL RECEIVE THE INFORMATION

1. Name of Person or Authority		2. Area code and telephone number	
3. Home Address (No., Street, Apt., R.R.)		City	
Province or Territory	Country other than Canada	Postal Code	

## SECTION B - ACCOUNT FROM WHICH THE INFORMATION IS TO BE COMMUNICATED

4. Contributor's Social Insurance Number	
5. <input type="radio"/> Mr. <input type="radio"/> Mrs.   Usual First Name and Initial	Last Name
<input type="radio"/> Ms. <input type="radio"/> Miss	
6. The information to be communicated relates to	
<input type="radio"/> the contributor named above	<input type="radio"/> the contributor's spouse or common-law partner
<input type="radio"/> the contributor's child(ren)	
7. Unless I cancel this authorization in writing, I hereby authorize the Canada Pension Plan to communicate, within the restrictions stated on page 2, <b>on an annual basis</b> , the information checked below. <i>(please check only one option)</i>	
<input type="radio"/> Option 1 - Any information requested by the person or authority named in Section A. (including benefit information, medical information, etc.)	
<b>OR</b>	
<input type="radio"/> Option 2 - The following information only - check the appropriate boxes	
<input type="checkbox"/> a) <b>Type of benefit</b> - This identifies the benefit (i.e. Disability, Retirement, Survivor's).	
<input type="checkbox"/> b) <b>Monthly amount of benefit payable</b> - This is the current monthly amount of benefit that is payable.	
<input type="checkbox"/> c) <b>Month and year benefit commenced</b> - This is the first month for which there was eligibility to the benefit.	
<input type="checkbox"/> d) <b>Month and year benefit ceased</b> - This is the last month for which there was eligibility to the benefit.	
<input type="checkbox"/> e) <b>Amount of contributory salary and wages and self-employed earnings for each calendar year as shown in the records of earnings.</b>	
One total amount of earnings is provided for each calendar year since the commencement of the Plan in January 1966, or since the calendar year in which the contributor reached the age of 18, if that occurred later. The amount for any year is the total contributory earnings which the contributor received from all employers and from self-employed earnings for that year. However, the total amount for any year does not include earnings from any one source that are in excess of the Year's Maximum Pensionable Earnings.	

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

**SECTION C - AUTHORIZATION TO COMMUNICATE THE INFORMATION**

In accordance with the *Canada Pension Plan* and the regulations made thereunder, I hereby authorize the Canada Pension Plan to communicate the information checked in number 7, to the person or authority named in Section A. I have read the explanations and restrictions given on this form and I understand the nature and effect of this authorization.

I am:  
(check one)       the contributor                       a beneficiary                       a representative

<input type="radio"/> Mr.	<input type="radio"/> Mrs.	Usual First Name and Initial	Last Name
<input type="radio"/> Ms.	<input type="radio"/> Miss		
Home Address (No., Street, Apt., R.R.)		City	
Province or Territory		Country other than Canada	Postal Code
<b>Signature</b>			Year Month Day
<b>X</b>			

**SECTION D - DECLARATION** (To be completed by the person or authority authorized to receive this information)

The information obtained pursuant to this request shall not be made available to any other person or body unless specific authorization is given by the contributor or beneficiary.

<b>SIGNATURE OF PERSON OR AUTHORITY</b>	Year Month Day	Area code and telephone number
<b>X</b>		

**RESTRICTIONS**

The regulations provide that the information cannot be communicated:

1. if the authorization is signed more than one year before the day on which it is received;
2. if more than one request for information concerning the same contributor or beneficiary is made in the same year and is to be communicated to the same person or authority;
3. if I cancel this authorization in writing.