



GE-CAN 1 (DI)

Application for Canada Pension Plan Disability benefits under the Agreement on Social Security between Canada and Barbados

Personal Information
Bank HRDC PPU 175

In which language do you wish to receive your correspondence? <input type="checkbox"/> English <input type="checkbox"/> French	Please: <ul style="list-style-type: none"> • Read the enclosed guide • Complete the unshaded areas only
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SECTION 1 - INFORMATION ABOUT THE CONTRIBUTOR

1. Social Security Number 	Canadian Social Insurance Number 	For use by the Social Security Institution only Date of receipt: Verified by:
2. <input type="checkbox"/> Male <input type="checkbox"/> Female Given Name: _____ Family Name: _____ Family Name at Birth: _____		
3. Name on Canadian Social Insurance Card <input type="checkbox"/> same as in question 2 or	4. Date of Birth (Please provide birth or baptismal certificate) Year: Month: Day:	
5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law		
6. Home Address (No., Street, Apt. No.) Postal Code: _____ City, Town or Village: _____ Country: _____		
7. Mailing Address (No., Street, Apt. No., P.O. Box, R.R.) <input type="checkbox"/> same as in question 6 or		8. In which Canadian province did you last reside?

9. Indicate periods of residence and/or periods of employment in a country other than Canada and Barbados

Name of Country	Social Security Number in that Country	Residence				Employment				Has a benefit been requested?	
		From		To		From		To		Yes	No
		Year	Month	Year	Month	Year	Month	Year	Month		
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

10. Since January 1, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31, 1958?

Contributor	Spouse or Common-law partner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 - INFORMATION ABOUT THE CONTRIBUTOR'S CHILDREN

11. Do you have children under the age of 18 in your custody and control? <input type="checkbox"/> Yes If "Yes", please complete question 11 and attach a birth or baptismal certificate for each child. <input type="checkbox"/> No	Do you have children between the ages of 18 and 25 in full time attendance at school or university? <input type="checkbox"/> Yes If "Yes", each child should complete a separate application. <input type="checkbox"/> No
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11A. Child's Given Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Family Name Date of Birth Year: Month: Day:	For use by the Social Security Institution only Verified by:
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Natural child Legally adopted child Other

If you answered "Other", please explain the circumstances.



Canadian Social Insurance Number	_____
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SECTION 2 - INFORMATION ABOUT THE CONTRIBUTOR'S CHILDREN (continued)

11B. Child's Given Name		Family Name	For use by the Social Security Institution only Verified by: _____						
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth							
		<table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Year	Month	Day	_____	_____	_____	
Year	Month	Day							
_____	_____	_____							
<input type="checkbox"/> Natural child <input type="checkbox"/> Legally adopted child <input type="checkbox"/> Other If you answered " Other ", please explain the circumstances.									

If there is not sufficient space to list all your children in question(s) 11 and / or 12, please use a separate sheet of paper and attach it to this application.

12. If you have a natural or legally adopted child under the age of 18, in the custody and control of someone else, please provide the following information:

12A. Child's Full Name	Custodian's Full Name	Custodian's Address (No., Street, Apt. No.)
_____	_____	_____

12B. Child's Full Name	Custodian's Full Name	Custodian's Address (No., Street, Apt. No.)
_____	_____	_____

13. On behalf of any of your children listed in question 11, has an application been made for, or have benefits been received from:

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

If you answered "**Yes**" to either of the above, indicate under which Social Insurance Number.

Social Insurance Number	_____	Social Insurance Number	_____
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IT IS AN OFFENCE UNDER CANADIAN LAW TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

SECTION 3 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS.

Note: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.

14. Declaration of Applicant		Declaration of Witness				
<p>I hereby apply for a disability benefit under the Canada Pension Plan and declare that, to the best of my knowledge, the information herein is true and complete. I agree to notify Human Resources Development Canada of any changes in circumstances which may affect my eligibility to benefits. I authorize the social security institution which is Party to this Agreement to furnish to Human Resources Development Canada all the information and evidence in its possession which relate or could relate to this application for benefits. In addition, I realize that my personal information governed by the <i>Privacy Act of Canada</i> may be disclosed where authorized under the <i>Canada Pension Plan</i>.</p>		<p>I have read the contents of this application to the applicant who appeared to fully understand them and who made his or her mark in my presence.</p>				
Signature of Applicant ▶ _____		_____ Signature of Witness				
<table border="1"> <tr> <td>Date of Application</td> </tr> <tr> <td>Year Month Day</td> </tr> <tr> <td>_____</td> </tr> </table>		Date of Application	Year Month Day	_____	Name of Witness (Please Print) _____	
Date of Application						
Year Month Day						

Telephone Number (including area, city or regional code) []		Address of Witness (No., Street, Apt. No.) _____				
Note: Signature by mark is acceptable if witnessed by any responsible person who must complete the declaration opposite.						

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

Date of Receipt Year Month Day _____	Eligibility Date Year Month Day _____	Date of Payment Year Month Day _____	Age A B T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Certified by: _____	Date: _____	Verified by: _____	Date: _____



Questionnaire

for Disability Benefits, Canada Pension Plan

Contributor's Family Name	Contributor's Canadian Social Insurance Number
	Contributor's Given Name

Information about Your Education, Work History, Benefit History and Medical Condition

Education

<p>1. What was the highest grade you completed in school?</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: 20px;"></div>	<p>2. Have you attended a college or university?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please give number of years or diploma/degree obtained.</p> <p style="text-align: center;">▶</p>
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3. Have you ever had any technical or trade training or apprenticeship?

Yes No

If "Yes", please state type.

4. In the last two years, have you been involved in any technical or trade training, apprenticeship or educational upgrading? If "Yes", please provide dates, name and address of school(s), type of program. Yes No

Name of School(s)	Address of School(s)	Type of Program	Date

5. Do you have plans for training or upgrading? Yes No ▶ If you said "Yes", please explain.

Work History

6. Working at Time of Application

Are you working at the present time? ▶ Yes No ▶ If you said "No", please go to question 7.

If you said "Yes", please give the following details. ▶ Employee Self-Employed Volunteer

Type of Work: _____ Full-Time Part-Time Seasonal

Number of hours per day:	Number of days per week:	Salary per hour:	or per day:



Canadian Social Insurance Number

Work History (continued)

7. Not Working at Time of Application

a) State the name and address of your most recent employer.

Name

Address

b) Date work started (with your most recent employer):

Date work stopped (last day with your most recent employer):

Year	Month
_ _ _	_

Year	Month	Day
_ _ _	_	_

c) What kind of work did you do?

d) Why did you stop working?

8. Have you done any other type of work in the last five years?

Yes No If you said "Yes", list type of work and dates (include any work done outside of Canada).

	Year	Month	Year	Month
1. _____	from	_ _ _	to	_ _ _
2. _____	from	_ _ _	to	_ _ _
3. _____	from	_ _ _	to	_ _ _
4. _____	from	_ _ _	to	_ _ _
5. _____	from	_ _ _	to	_ _ _

Self - Employed

Note: If you are not self-employed, please go to question 15.

9. Please describe your business, including number of employees.

10. When did you start the business?

Year	Month
_ _ _	_

11. What type of work did you do in the business?

12. Is the business operating at the present time?

Yes No

If you said "No", what has happened to the business? Sold Rented Profit Sharing Transferred

If you said "Yes", are you working in the business?

Yes No

What type of work are you doing? _____

If you are not working in the business, how does it operate? _____

13. What was the latest year that an income tax return on the operation of the business was filed in your name?

Year
_ _ _

14. Will you declare yourself as self-employed for income tax purposes this year?

Yes No

Canadian Social Insurance Number

Other Work Activity

15. In the past two years, did you do any other work at the same time as your main job (such as part-time farming, night or other employment)?

Yes No If you said "No", please go to question 16.

If you said "Yes", please give the following details. Type of Work: _____

Date Work Started:	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Date Work Stopped:	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Number of Hours Worked per Day: _____
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Name of Employer (if applicable) _____

Address (No., St., Apt. No.) _____ City, Town or Village _____

Postal Code _____ Province _____ Country _____

16. Before you stopped working, did you have to do lighter or a different type of job?

Yes No If you said "Yes", please explain and give the date(s) if possible.

17. Has your doctor told you when you can return to work?

Yes No If you said "Yes", please supply date.

Year

Month

Day

18. Do you plan to return to work or seek work in the near future?

Yes No If you said "Yes", please explain, giving any known dates.

Benefit History

19. Is your present condition covered by either one of the following:

An employer's sick leave benefit? Yes No

Any form of disability insurance? Yes No

If you said "Yes" to either of the above, please state the name of the insurance company(ies).

▶ _____

Workers' Compensation

20. Are any of your health problems covered by Workers' Compensation?

Yes No If you said "Yes", please provide details in each case.

Claim Number	Province	Year	Reason	Type of Benefit

Medical Condition

21. State your:

Height: _____ Weight: _____

22. What is/are your main disabling condition(s)?

Canadian Social Insurance Number | | | | | | | | | | | | |

Medical Condition (continued)

23. Do you have any other health-related conditions or impairments?

Yes No If you said "Yes", please explain.

24. What is the approximate date that you felt you could no longer work because of your disabling medical condition?

Year | | | | | | Month | | | | | |

25. Did your main disability result from an injury caused by an accident?

Yes No If you said "Yes", please supply date and describe how the accident happened and the resulting injuries.

Year | | | | | | Month | | | | | | Day | | | | | |

26. Have you had to stop doing some activities such as hobbies, sports or volunteer work?

Yes No If you said "Yes", please explain and state any dates you can remember.

27. Please describe any problems and/or limitations you have with the following:

Sitting	Hearing
Standing	Speaking
Walking	Remembering
Lifting	Concentrating
Carrying	Sleeping
Bending	Breathing
Personal Needs (eating, washing hair, dressing, etc.)	Driving a Car
Seeing	Using Public Transportation

28. Please state the name, address and telephone number of the medical doctor who will be completing your medical report.

Doctor's Full Name

Address (No., St., Apt. No.) _____ City, Town or Village _____

Postal Code _____ Province _____ Country _____ Telephone Number (including area, city or regional code) [] - []

When did you first see this doctor? Year | | | | | | Month | | | | | | When was your last visit? Year | | | | | | Month | | | | | | Day | | | | | |

What were the reasons for your visits?

Canadian Social Insurance Number

29. Please state the names, addresses and telephone numbers of any other medical doctors or medical specialists you have seen in the past two years (space for two doctors provided).

1. Doctor's Full Name

Address (No., St., Apt. No.)		City, Town or Village	Telephone Number (including area, city or regional code)
Postal Code	Province	Country	[] -
When did you first see this doctor? Year Month		When was your last visit? Year Month Day	
What were the reasons for your visits?			

2. Doctor's Full Name

Address (No., St., Apt. No.)		City, Town or Village	Telephone Number (including area, city or regional code)
Postal Code	Province	Country	[] -
When did you first see this doctor? Year Month		When was your last visit? Year Month Day	
What were the reasons for your visits?			

30. In the past two years, were you admitted to hospital? Yes No If "Yes", state name and address of hospital(s) (space for two hospitals provided).

1. Name of Hospital

Hospital Address			
When were you admitted? Year Month Day		When were you discharged? Year Month Day	
Please explain why you were admitted.		Who was the attending doctor?	

2. Name of Hospital

Hospital Address			
When were you admitted? Year Month Day		When were you discharged? Year Month Day	
Please explain why you were admitted.		Who was the attending doctor?	

If there is not sufficient space to list all hospitalizations, please use a separate sheet of paper.

31. Please list any medications you now take. How often? What is the dosage?

32. Please list any other present and/or future medical treatments, examinations or investigations.

33. Please list any medical appliances you use, such as: crutches, cane, limb supports, splints, braces, wheelchair, hearing aid, heart pacemaker, ostomy apparatus, prosthesis.

IMPORTANT

I agree to notify Human Resources Development Canada of any improvements in my medical condition and of any work I may undertake.

Year Month Day

Signature of Contributor / Applicant



Authorization to Disclose Information / Consent for Medical Evaluation

		Contributor's Canadian Social Insurance Number
Contributor's Family Name		Contributor's Given Name
Home Address (No., Street, Apt. No.)		City, Town or Village
Postal Code	Country	Telephone Number (including area, city or regional code) [] -

I hereby authorize any doctor, hospital, employer, educational institution, foreign competent institution or other medical or vocational agency as well as any Provincial Worker's Injury and Occupational Diseases Compensation Programs or administrators of private insurance plans to disclose information contained in their records to Human Resources Development Canada, for the purpose of determining whether I am disabled under the Canada Pension Plan.

For the purpose of providing further medical evidence for the evaluation of my disability, I agree, upon request by Human Resources Development Canada, to be examined by a qualified doctor or a consultant specialist and to submit to such diagnostic tests as the doctor or specialist may deem necessary. I also authorize Human Resources Development Canada to provide any relevant medical information relating to my disability to the examining doctor for the purpose of such examination.

Any personal information received by Human Resources Development Canada is protected under the *Canada Pension Plan and the Privacy Act*. I have the right to request access to this information.

I have read the above statements. I understand that this information is essential to determine that I have or continue to have a severe and prolonged mental or physical disability. In addition, this information will be used to determine the date my disability began or ceased under the terms of the Canada Pension Plan. I also understand that should I choose not to consent to any of the above, a decision will be made based upon the evidence available in my file, which could result in a denial of my claim.

Signature of Contributor / Applicant Year Month Day

_____ [] [] []

To be completed by witness if contributor / applicant signs by a mark, or representative for the purpose of determining whether the contributor is disabled.

Signature of Witness Year Month Day

_____ [] [] []

Family Name of Witness		Given Name of Witness
Home Address (No., Street, Apt. No.)		City, Town or Village
Postal Code	Country	Telephone Number (including area, city or regional code) [] -

This Authorization / Consent form shall be valid for two years from the date of signature unless previously revoked in writing by the contributor / applicant or the representative signing this form. Any photographic or facsimile copy shall be valid as the original.





Authorization/Consent Form

Contributor's Family Name	Contributor's Canadian Social Insurance Number
Contributor's Given Name	

(Name of Medical Doctor)

I hereby authorize _____ to release any medical information, in respect to my claim, to Human Resources Development Canada for the purposes of determining whether I am disabled under the Canada Pension Plan. I understand that this information is essential to determine that I have or continue to have a severe and prolonged mental or physical disability. In addition, this information will be used to determine the date my disability began or ceased under the terms of the Canada Pension Plan. I also understand that should I choose not to consent, a decision will be based upon the evidence available in my file, which could result in a denial of my claim.

Signature of Contributor / Applicant



Year Month Day

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NOTICE TO THE MEDICAL DOCTOR

- Your patient is applying for a disability pension under the Canada Pension Plan and has provided you with authorization to release information requested in the attached medical report. To assist us in determining eligibility, please complete the report on his/her behalf. Please use a pen and write legibly. **Return it to your patient as quickly as possible.** A delay may affect his/her eligibility for benefits.
- To be eligible, an individual must be disabled according to Canada Pension Plan definition.
- A disability is a physical or mental impairment that is both severe and prolonged. "**Severe**" means that the person is "**incapable of pursuing any substantially gainful occupation**". "**Prolonged**" means that the severe disability is expected to continue for a significant time, and that its duration cannot be predicted with any certainty or is likely to result in death.
- It is helpful if you can provide some measurement of the patient's functional limitation.
- An applicant may be requested to undergo an independent medical examination by a doctor designated by Human Resources Development Canada.
- The decision as to whether or not a person is disabled is the responsibility of the Canada Pension Plan. Objective medical evidence and other factors are considered when determining eligibility.

PRIVACY ACT

Pursuant to the *Privacy Act*, an individual has the right to request access to any information or any records, including medical reports, about him/her in Federal Government files. The information contained on all Canada Pension Plan applications made under a reciprocal social security agreement is contained in Personal Information Bank HRDC PPU 175.

Note: You may, at your discretion, replace this report with a general narrative in letter form or computer print-out.

PLEASE RETAIN THIS AUTHORIZATION / CONSENT FORM FOR YOUR RECORDS



Medical Report

To be completed by Contributor / Applicant:

		Contributor's Canadian Social Insurance Number
	Contributor's Given Name	
Contributor's Family Name		City, Town or Village
Home Address (No., Street, Apt. No.)		
Postal Code	Country	Telephone Number (including area, city or regional code) [] - - -

To be completed by Medical doctor:

1. Date of patient's first visit: <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> <div style="display: flex; justify-content: space-around; border-top: 1px solid black; height: 20px;"> </div>	Date of patient's last visit: <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> <div style="display: flex; justify-content: space-around; border-top: 1px solid black; height: 20px;"> </div>
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2. Diagnosis(es):

3. Relevant / significant previous medical history:

4. Hospitalization:
Names of institutions, approximate dates of hospitalization in the past two years, reason(s) for admission and treatment.

5. Height: _____ **Weight:** _____ **Blood Pressure:** _____

Canadian Social Insurance Number

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6. Observations and positive findings on most recent clinical examination:

Please note any measurable functional limitations.

7. Relevant consultant opinions, laboratory reports, X-rays, etc.:

If you have included any enclosures, do you wish them returned?

Yes No

8. Are any future examinations or medical investigations planned?

If you said "Yes", please list type, where, when and by whom.

Yes No

9. Current medications:

Please list by generic or trade name and indicate dosage and frequency.

10. Treatment:

Please list type and response.

11. Summary and Prognosis:

Medical Doctor's Name

Telephone Number
(including area, city or regional code)

[] -

Home Address (No., Street, Apt. No.)

Postal Code

City, Town or Village

Country

Family Physician Speciality, if any

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Signature

▶

Year Month Day

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Guide for Completing an Application and Supporting Forms for Canada Pension Plan Disability Benefits under the Agreement on Social Security between Canada and Barbados

If you:

- reside in Barbados; and
- wish to apply for Canada Pension Plan Disability benefits,

you must complete an “Application for Canada Pension Plan Disability Benefits under the Agreement on Social Security between Canada and Barbados”*.

If you have been out of work for twelve months or more, be sure to submit your application as soon as possible. Any delay in submitting your application may mean that you will no longer qualify for a Disability benefit or that you may lose several months of benefit entitlement if your benefit is approved.

This guide has been prepared to help you fill out the application and supporting forms. Please read the guide carefully and follow the instructions which are given. In order to act on your claim as quickly as possible Human Resources Development Canada *must* have all the information which is requested in the forms. The more accurately the forms are completed, the better we can serve you.

- * If you wish to apply for a Canadian Old Age Security pension or Canada Pension Plan Retirement, Survivor’s, Surviving Child’s or Death benefit you will have to complete a different form entitled “Application for Canadian Old Age, Retirement and Survivors Benefits under the Agreement on Social Security between Canada and Barbados”. This form is available on this website and from your nearest social security office.

Ce guide est également offert en français sous le titre
*Guide pour remplir une demande de prestations d’invalidité et les
formulaire pertinents du Régime de pensions du Canada en vertu de
l’Accord de sécurité sociale entre le Canada et la Barbade*

Eligibility conditions

To be eligible for a Canada Pension Plan Disability pension, you must:

- be under age 65;
- be disabled;
- have contributed to the Canada Pension Plan anytime since the start of the Plan in 1966;
- have contributed to the Canada Pension Plan or the National Insurance Scheme of Barbados during four of the six years immediately prior to your disablement.

In order to be considered disabled under the Canada Pension Plan, you must have a physical or mental disability which is severe and prolonged. “Severe” means that you cannot regularly pursue any substantially gainful occupation. “Prolonged” means that your disability is likely to be long continued and of indefinite duration, or is likely to result in death.

Canada Pension Plan Disabled Contributor’s Child’s benefit

If you qualify for a Disability pension and if you have in your care a dependent child (including an adopted child), your child may qualify for a Disabled Contributor’s Child’s benefit if he or she is:

- under age 18; or
- age 18 or older, but under age 25, and in full-time attendance at school or university.

You can apply for this benefit for a child under age 18 who is in your care using the same form on which you apply for your own Disability pension. (See page 5 of this guide for further details.)

If your child is age 18 or older, he or she should submit a *separate* application for this benefit. The child will have to complete a form entitled “Application for Canada Pension Plan Child’s Benefits under the Agreement on Social Security between Canada and Barbados”. This form is available on this website and from your nearest social security office.

Completing the application and supporting forms

Application form

Correspondence from Human Resources Development Canada concerning your application will be written in either English or French, whichever you prefer. At the top of the form in the space provided, please indicate the language in which you wish to receive such correspondence.

Section 1 - General information about the contributor

- If you are making an application on behalf of someone who is incapable of applying for a benefit for him or herself, you should provide information concerning the person on whose behalf you are applying. Please attach a statement briefly explaining the reason for which the applicant is incapable of applying for him or herself.

Question 1

Please give your Barbados National Insurance Number, Barbados National Registration Number and Canadian Social Insurance Number. If you do not have a Canadian Social Insurance Number, or if you do not know the number, the information you will give in questions 2 and 4 of the application form may be sufficient to identify you.

Question 2

Give the name in full (given name or names and family name) as well as the family name at birth (if it is different). The family name at birth is required for correct identification if the name has been changed through marriage or for some other reason.

Question 3

If the name on the Canadian social insurance card is different from the name given in question 2, please indicate in question 3 the full name *exactly* as it appears on the card. This will assist Human Resources Development Canada to verify contributions to the Canada Pension Plan and to establish entitlement to Canada Pension Plan Disability benefits.

Question 4

Please indicate your date of birth and submit your birth or baptismal certificate.

Question 5

Please indicate your current marital status.

Questions 6 and 7

Your current home address is required in answer to question 6. If you wish to receive correspondence concerning your application as well as benefit payments at a different address, please give this address in answer to question 7; otherwise, go to question 8.

Question 8

The information requested in this question is required to enable Human Resources Development Canada to establish whether your application falls under the authority of the Canada or the Quebec Pension Plan¹.

If you have contributed to the Quebec Pension Plan as well as the Canada Pension Plan, it is the province of residence at the time of your departure from Canada which determines the Plan which applies to you. If you contributed to both Plans and you qualify for a Disability benefit, the applicable Plan will pay the entire benefit based on the total contributions to both Plans.

Question 9

If you have resided in a country other than Canada and Barbados or made social security contributions in another country, you may be eligible for benefits under that country's social security system. A complete answer to question 9 is important, therefore, to ensure that you receive all the benefits to which you are entitled.

Question 10

Under the Canada Pension Plan, periods of nil or low earnings spent caring for young children may be disregarded in calculating a benefit; this will often increase the amount of the benefit. To take advantage of this provision, eligibility to Canadian Family Allowances or to the Child Tax Benefit must have existed after 1 January 1966 for children under age 7. If you or your spouse or common-law partner were eligible for Canadian Family Allowances or the Child Tax Benefit for such a child after 1 January 1966, please indicate this fact in response to question 10. If your

¹ The Canada Pension Plan operates throughout Canada except in the province of Quebec where a similar program, the Quebec Pension Plan, is in force.

answer is “Yes”, we will send you a separate form on which you can provide all the specific information required to obtain this advantage.

Section 2 - To be completed when applying for a Disabled Contributor’s Child’s benefit for a child under the age of 18

- A benefit on behalf of a child under the age of 18 is payable to you if he or she is your natural or legally adopted child, and he or she is in your custody and control. **However, if the child is in the custody and control of another person, that person should apply for the benefit on the child’s behalf.**

Question 11

Please list all of your children under the age of 18 on whose behalf you are applying for benefits, indicate their date of birth and submit a birth certificate or a baptismal certificate for each child. You should also indicate if they are your natural or legally adopted children. If you answered “OTHER”, please explain the circumstances (i.e. are they the natural or adopted children of your spouse or common-law partner?).

Question 12

If you have children in the custody and control of another person, that person should apply for the benefit on the children’s behalf. Please list the children’s names and the person’s name and address. Human Resources Development Canada will subsequently send an application form directly to that person.

Question 13

Please indicate whether an application has been made for, or if benefits have been received from either the Canada or the Quebec Pension Plan for the children listed in question 11. If your answer is “Yes”, please provide the Social Insurance Number under which benefits were applied for or received.

A child may receive up to two flat-rate benefits under the Canada Pension Plan if both parents were Canada Pension Plan contributors and are either deceased or are disabled and if all conditions of eligibility are met with respect to both benefits.

Section 3 - Declaration area

- Please sign the application form.

In signing the application, you attest to the truth of the information given in the application. You must notify Human Resources Development Canada of any changes that might affect your or the contributor's continuing eligibility for benefits. This includes: an improvement in your or the contributor's medical condition, a return to full, part-time or trial period of work; attendance at school or university; trade or technical training; or any rehabilitation. You also authorize the Barbados National Insurance Office to furnish to Human Resources Development Canada information which may affect your or the contributor's entitlement to the Canadian benefits for which you are applying.

- The declaration of witness is required *only* when the contributor or applicant signs by a mark.

Questionnaire

On the questionnaire you should supply information about your situation. By providing the details about your education, work history, benefit history and medical condition, you are ensuring that the Canada Pension Plan has all the necessary information when considering your application.

Authorization to Disclose Information/ Consent for Medical Evaluation Form

This form authorizes the Canada Pension Plan to obtain medical, vocational and educational information about you. You must complete, sign and date this form.

Authorization/Consent Form

This form allows your medical doctor to release information to the Canada Pension Plan. This completed form must be given to your doctor when you ask him or her to complete your medical report.

Medical Report

The Medical Report must be completed by the medical doctor who is most familiar with your disabling medical condition.

- Print your name, address and telephone number in the space provided on the front of this form. Print your Social Insurance Number at the top of each page.
- Ask the doctor to complete the rest of the form and return it to you.

Once the completed medical report is returned to you, place it in an envelope along with the completed application and supporting documents, and take or mail it to your nearest social security office.

Additional information

Documents needed

The following documents are required with your application:

- your birth or baptismal certificate;
- a birth or baptismal certificate for each child in your custody and control whom you have listed in Question 11;
- any medical reports, hospital discharge summaries, or other information about your disability that you feel may be helpful to the Canada Pension Plan administration in assessing your disability.

You may submit the original or a photocopy that is certified as true for any of the documents required. All original documents will be returned to you promptly. If you submit the photocopies of documents, they must be certified by: an accountant, chiropractor, Commissioner of Oaths, dentist, doctor, employee of a federal or provincial government department or one of its agencies, funeral director, Justice of the Peace, lawyer, magistrate, manager of a financial institution, member of parliament or of a provincial legislature or their staff, minister of religion, municipal clerk, notary, official of a country with which Canada has a social security agreement, official of an embassy, consulate or high commission, pharmacist, police officer, postmaster, professional engineer, social worker or teacher.

The person who certifies the photocopy must indicate his or her official position, telephone number, the date the document is being certified, must print and sign his or her name and add the following sentence on the document: “This photocopy conforms to the original document, which has not been altered in any way”.

Payment of Disability benefits

Disability benefits are payable from the fourth month after you are deemed to have become disabled. You may receive up to a maximum of 12 months of retroactive payments.

If you are still receiving a Disability pension when you turn 65, the pension is replaced by a Retirement pension, payable effective the month after your 65th birthday. (An application is not required; the pension is converted automatically. You will be advised in writing of your Retirement pension rate.)

Once your pension and any Child’s benefit become payable, the amount will be adjusted each January. The adjustment will reflect changes in the cost of living as determined by the Consumer Price Index in Canada.

Division of Canada Pension Plan pension credits

If a marriage ends in divorce or annulment on or after 1 January 1987, the Canada Pension Plan pension credits earned by both spouses during their life together are divided equally between them. This division is mandatory as soon as the Minister of Human Resources Development receives the information necessary to take this action. If the divorce or annulment took place before 1 January 1987, different conditions apply and the division of pension credits is not mandatory. As well, if a legal marriage ends in separation after 1 January 1987 and if the separation has lasted one year, either spouse may apply for a division of pension credits. There is no time limit for making application for a division of pension credits following separation, except in the event of the death of one of the separated spouses. Furthermore, former partners in a common-law relationship may apply for a division of pension credits within four years after they have separated, if they have been living apart for one year.

If you think that you are eligible for a division of Canada Pension Plan pension credits and if you wish to apply, please attach a brief written statement to this effect to your application form. Human Resources Development Canada will subsequently send you a special form to obtain the additional information needed to determine whether a division of pension credits is possible.

Protection of personal information

The information requested on the application form will be used to determine your entitlement to a Disability benefit under the *Canada Pension Plan*. Under this legislation, information about you may be provided only to the agencies specifically entitled to receive it. In addition, the *Privacy Act* (Canada) prohibits the disclosure of your records without your consent except in specified circumstances (such as to comply with a warrant or subpoena or to enforce a law).

The information about you relating to your application for Canada Pension Plan Disability benefits will be retained in Personal Information Bank HRDC PPU 175. You have a right to request access to any information about you which is in federal government files. To help you obtain this information, the government has published an Index of Personal Information. The index and information request forms may be obtained from Canadian embassies, high commissions and consulates.