Human Resources Development Canada | Développement des ressources humaines Canada

Personal Information Bank
SDC PPU 140

Protected When Completed - B

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 ☐ Female

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Surviving spouse or common-law partner ☐ Common-law

Date of Birth
Year Month Day

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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?

City: | Province or Territory:

In which year did you leave Canada?

4 DIRECT DEPOSIT OPTION

If your application is approved, would you like your benefit payments deposited directly into your account at your financial institution?

☐ Yes **If yes**, attach a voided cheque **OR** complete below and have the information confirmed by your financial institution.

☐ No

Name(s) of Account Holder(s)

Name and Address of the Financial Institution
(Print or use a stamp)

Branch No. | Institution No.

Account No.

Signature of the Financial Institution Official | Year Month Day

Ce formulaire est disponible en français - ISP-1151F

Canada

Social Insurance Number

5 State your last name at birth (if different from Question1).

State the last name shown on your Social Insurance Number Card (if different from Question 1).

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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

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

7 Have you ever applied for, or received:

If yes, indicate under which Social Insurance Number.

Social Insurance Number

	Applied		Received		
CANADA PENSION PLAN	☐ Yes	☐ No	☐ Yes	☐ No	
QUEBEC PENSION PLAN	☐ Yes	☐ No	☐ Yes	☐ No	
OLD AGE SECURITY	☐ Yes	☐ No	☐ Yes	☐ No	

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 Dropout 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

☐ Natural Child ☐ Legally Adopted ☐ Other (Explain circumstances) | ☐ Male ☐ Female | Date of Birth Year Month Day | FOR OFFICE USE ONLY

Second Child's First Name and Initial | Last Name | Social Insurance Number

☐ Natural Child ☐ Legally Adopted ☐ Other (Explain circumstances) | ☐ Male ☐ Female | Date of Birth Year Month Day | FOR OFFICE USE ONLY

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?**

☐ 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	☐ Yes	☐ No	☐ Unknown	☐ Yes	☐ No	☐ Unknown
QUEBEC PENSION PLAN	☐ Yes	☐ No	☐ Unknown	☐ Yes	☐ No	☐ 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 understand that it is an offence to make a false or misleading statement in an application for benefits.

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.

Signature of Applicant X	Year Month Day

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** X	Year Month Day

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, the representative of the applicant, understand that it is an offence to make a false or misleading statement in an application for benefits.

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.

Name of Representative (Print)	**Signature of Representative** X	Relationship to the applicant	Year Month Day

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

Province or Territory	Country other than Canada	Postal Code	Telephone number ( ) –

FOR OFFICE USE ONLY

Application approved pursuant to Section 60 of the Canada Pension Plan.

Authorized Signature	Date Year Month Day	Effective Date Year Month

GENERAL INFORMATION AND GUIDE TO HELP YOU COMPLETE YOUR APPLICATION FOR DISABILITY BENEFITS CANADA PENSION PLAN

This Guide contains general information concerning Canada Pension Plan Disability Benefits. When questions arise, the Act and Regulations relating to the Canada Pension Plan will be consulted.

If you have contributed to the Canada Pension Plan and to the Quebec Pension Plan, your contributions credited under both plans will be combined at the time benefit entitlement is determined.

If you have contributed only to the Quebec Pension Plan, or if you contributed to both plans but reside in Quebec, you should contact:

La Régie des rentes du Québec
P.O. Box 5200
Quebec, Quebec
G1K 7S9

If you require further assistance or information, please contact the nearest Service Canada office or you can phone our toll-free numbers at:

In Canada or the United States, call
1-(800)-277-9914 (for service in English)
1-(800)-277-9915 (for service in French)
1-(800)-255-4786 TTY (for the hearing impaired)

CE GUIDE EST ÉGALEMENT DISPONIBLE EN FRANÇAIS.
THIS GUIDE IS ALSO AVAILABLE IN FRENCH.

Canada

TABLE OF CONTENTS

ELIGIBILITY

To qualify for Canada Pension Plan disability benefits, you must:

- be between the ages of 18 and 65;
- have enough Canada Pension Plan contributions at the time you become disabled;
- be disabled according to the Canada Pension Plan definitions; **and**
- apply in writing.

According to the Canada Pension Plan legislation, a disability must be a physical or mental impairment that is both **severe and prolonged**. **Severe** means that you are unable to regularly carry out any gainful employment. **Prolonged** means that the disability is likely to be of indefinite duration or is likely to result in death.

The "severe" and "prolonged" criteria must be met simultaneously at the time of application.

The disability application forms request information necessary to decide whether you can receive disability benefits under the Canada Pension Plan. Please provide as much detail as possible in answering the questions.

Your child(ren) could be eligible for a disabled contributor's child's benefit if you receive a disability benefit.

Do not delay in sending your completed application forms as you could lose several months of benefits. The date your application is received affects when the benefit begins.

THE DISABILITY KIT INCLUDES:

- A booklet "General Information and Guide to help you complete your application for Disability Benefits Canada Pension Plan"
  (ISP 1150E)

- An Application for Disability Benefits Canada Pension Plan
  (ISP 1151E)

- A Canada Pension Plan Child Rearing Provision form
  (ISP 1640)

- A Questionnaire for Disability Benefits Canada Pension Plan
  (ISP 2507E)

- An Authorization to Disclose Information/Consent for Medical Evaluation form
  (ISP 2502E)

- A Medical Report form
  (ISP 2519)

- A list of the Service Canada offices
  (ISP 3501-DSB)

STEPS FOR COMPLETING YOUR APPLICATION FORMS

1. Please use a pen and write as clearly as possible.

   If you need help in completing the forms, ask a relative, a friend, or your representative or anyone else who can act on your behalf.

2. Complete all the forms including Section A of the Medical Report. Section B must be completed by your physician. Also be sure to indicate your Social Insurance Number at the top of each page on all the forms.

3. Bring the medical report to your physician after you have completed Section A.

   Ask your physician to complete the rest of the medical report. Your physician has the choice to return the completed medical report to you or to send it directly to Service Canada.

4. It is up to you to find out what your physician will do with your medical report. If it is returned to you, place it along with all the other forms and supporting documents.

   If the medical report is sent directly to Service Canada, return all your other forms and supporting documents to Service Canada.

5. Print your name and address on the top left corner of your envelope. Take or mail the envelope to the nearest Service Canada office.

APPLICATION FOR DISABILITY BENEFITS

PROOF OF BIRTH

You do not need to provide proof of birth for the children if you provided their Social Insurance Number in the application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary. If you did not provide the Social Insurance Number of the children, then you must submit **a certified true copy of the children's original birth certificate.**

Ensure you indicate your Social Insurance Number on each document you submit.

PHOTOCOPIES OF DOCUMENTS

With your application, you usually have to send us certain documents. If you have to send us documents, try to send us certified photocopies instead of the original documents. If you do decide to send your original documents, you may want to send them by registered mail. We will return all the original documents you send us.

Keep in mind, however, that **we can only accept a photocopy if it is readable and if you have someone certify it as a true copy of the original.** If you can bring your original documents into any Service Canada office, our staff will photocopy the documents and certify them for free.

If you cannot visit a Service Canada office, you can ask one of the following people to certify your photocopy:

- Accountant
- Chief of First Nations Band
- Employee of Service Canada acting in an official capacity
- Funeral Director
- Justice of the Peace
- Lawyer
- Magistrate
- Manager of Financial Institution
- Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse
- Member of Parliament or their staff
- Member of Provincial Legislature or their staff
- Minister of Religion
- Municipal Clerk
- Notary
- Official of a federal government department or provincial government department, or one of its agencies
- Official of an Embassy, Consulate or High Commission
- Official of a country with which Canada has a reciprocal social security agreement
- Police Officer
- Postmaster
- Professional Engineer
- Social Worker
- Teacher

People who certify photocopies have to compare the original document to the photocopy and provide the following information:

- state their official position or title;
- sign and print their name;
- provide their phone number; **and**
- include the date they certified the document(s).

They also have to write the following statement on the photocopy:

This photocopy is a true copy of the original document which has not been altered in any way.

You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.
Please write your Social Insurance Number on all documents that you send us (except originals).

DIVISION OF UNADJUSTED PENSIONABLE EARNINGS "DIVISION OF PENSION CREDITS"

If you have been separated or divorced since January 1, 1987, both you and your spouse's, former spouse's or former common-law partner's pensionable earnings and contributions to the Canada Pension Plan could be added together under the "division of pension credits" provision. These credits could then be divided equally for the period you lived together (including periods of former common-law unions of one year or more).

If your marriage ended in divorce or was annulled between January 1, 1978 and December 31, 1986, you may still be entitled to a "division of pension credits" if both you and your former spouse agree in writing. For former common-law partners of the same sex, the "division of pension credits" will only be applied if the partners separated on or after July 31, 2000. This provision may help you qualify for a pension or increase the pension amount payable. If you need more information on the "division of pension credits" or if you wish to request this provision, please contact us.

WORK OUTSIDE OF CANADA

Canada has pension agreements with many countries.

If you have lived or worked in a country with which Canada has an agreement in force, you may have accumulated credits that will help you qualify for Canada Pension Plan benefits. Your Canada Pension Plan credits can also help you qualify for a foreign pension.

INCOME TAX

Your Canada Pension Plan disability pension is considered taxable income. An information slip, T4A(P), will be issued for tax purposes.

If you would like federal income tax deducted from your monthly payment, send us a written request stating the amount to be withheld each month.

CHILD REARING PROVISION

This provision may help you increase the monthly amount of your pension. If you received Family Allowances or were eligible to receive the Child Tax Benefit, on behalf of any children born after December 31, 1958, this provision may apply to you. In this case, complete the form titled **"Canada Pension Plan Child Rearing Provision"** and return it with your application.

If you were a spouse under the Canada Pension Plan prior to the repeal of the Family Allowances program in 1993 and your spouse received the Family Allowances but you were the person who remained at home and were the primary caregiver for these children, your spouse can waive his/her rights to this provision in your favor. If your spouse wishes to waive his/her rights, complete the **Canada Pension Plan Child Rearing Provision** form and return it with your application.

DISABLED CONTRIBUTOR'S CHILD'S BENEFITS

Your child(ren) could be eligible for a disabled contributor's child's benefit if you receive a disability benefit. The child must be your natural child, legally adopted or adopted in fact child, or a child in your custody and control. The child must be under the age of 18, or age 18 to 25 and in full-time attendance at school or university.

You have to apply on behalf of children under the age of 18. If your child is living in the care and custody of another person, that person must apply on the child's behalf. Children between the ages of 18 and 25 must apply on their own behalf.

Children's benefits end when:

- the child reaches age 18;
- the child is between the ages of 18 and 25 and no longer in full-time attendance at school or university;
- the child reaches age 25;
- the child or the contributor dies;
- the contributor is no longer disabled; or
- the contributor reaches age 65.

When your child reaches age 18 and you are still disabled, the child must apply and be in full-time attendance at school or university to continue receiving benefits. Declarations of Attendance at School or University forms will be mailed to the child when he/she reaches age 18.

If the child ceases full-time attendance at school or university, the child's benefit will be cancelled. The benefit may be reinstated if the child is between the ages of 18 and 25, and resumes full-time attendance at school or university, and reapplies.

A child may receive up to two 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.

QUESTIONNAIRE FOR DISABILITY BENEFITS

This disability questionnaire is designed to help you provide information about your medical condition. When completed in every detail, it will help Disability Operations Division to evaluate your application.

If you need help in completing the questionnaire, you may wish to seek assistance from another person such as a relative, a friend, or your representative or anyone else who can act on your behalf and is aware of your medical condition.

AUTHORIZATION TO DISCLOSE INFORMATION / CONSENT FOR MEDICAL EVALUATION

The Authorization/Consent form allows the Canada Pension Plan to obtain medical, vocational, educational and employment information necessary to determine whether you are disabled under the terms of the Canada Pension Plan. You may be asked to undergo an independent medical examination by a consulting physician. The Canada Pension Plan Administration will pay your expenses if you are asked to go.

You must complete, sign and date this form. Please return the form with your application.

MEDICAL REPORT

The medical report should be completed by the physician who is most familiar with your medical condition.

NOTE: **The Canada Pension Plan will help you pay for the completion of the medical report by paying up to $65.00 directly to your physician.**

ADDITIONAL INFORMATION

LATE APPLICANTS

Protection is now available for persons who delay applying for Canada Pension Plan disability benefits. To benefit from this provision, you must:

- have had enough Canada Pension Plan contributions at one time to qualify;
- have been disabled at the time you last qualified; **and**
- have continued to be disabled from that moment until you apply.

In addition, all the other conditions listed on page 3 in this Guide must be met.

INCAPACITY

Protection is available for persons who did not apply for Canada Pension Plan benefits because they were unable to apply or to ask someone to apply on their behalf because of their medical condition. If you feel this applies to you, please contact us to obtain a **"Declaration of Incapacity"** form.

EFFECTIVE DATE OF BENEFIT PAYMENTS

A disability benefit is 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 from the date your application was received, except in incapacity cases. Once your application has been approved and your benefit amount has been calculated, you will be notified by mail of the benefit amounts and the effective date.

REIMBURSEMENT TO PROVINCIAL/MUNICIPAL GOVERNMENTS AND PRIVATE INSURERS

If your application for a Canada Pension Plan disability benefit is approved and while awaiting approval you received payments from a provincial or municipal government and/or private insurer, you will have to reimburse payments received from these organizations. With your written permission, the Canada Pension Plan administration will, on your behalf, reimburse these organizations. The provincial or municipal government and/or your private insurer, will request you sign a consent form to allow Canada Pension Plan to reimburse them directly.

The reimbursement repays these organizations for benefits that you would not normally have received from them if you had been receiving the Canada Pension Plan disability benefit. Please note that we can only reimburse a provincial or municipal government, or a private insurer, from the first retroactive payment and the first monthly payment.

COST OF LIVING INCREASES

Canada Pension Plan benefits are adjusted each January if there is an increase in the cost of living as measured by the Consumer Price Index.

BENEFITS AT AGE 65

CANADA PENSION

If at age 65, you are receiving a Canada Pension Plan disability pension, the pension will be converted to a retirement pension without having to apply. Please note that your monthly retirement pension will be less than your disability pension.

If you are no longer receiving a disability pension, you will have to apply to receive your retirement pension. Please note that a retirement pension is payable as early as age 60.

OLD AGE SECURITY

When you reach age 65, you also may be entitled to an Old Age Security pension. This pension is based on your residence and legal residence status in Canada. You will have to submit an Old Age Security application to receive this pension.

CHANGES THAT MAY AFFECT YOUR DISABILITY PENSION

You must notify the Canada Pension Plan Administration of any changes that might affect your disability pension. This includes:

- an improvement in your medical condition;
- a return to full-time, part-time, or a trial period of work;
- successful completion of a school, college, university or upgrading program;
- trade or technical training; or
- any rehabilitation.

You must also notify the Canada Pension Plan Administration of any changes in the status of the child(ren) for whom benefits are payable.
This includes:

- the adoption of your child by someone other than yourself or your spouse or common-law partner;
- the loss of care and custody of a child; or
- the death of a child.

If you do not tell us, we may continue to pay you benefits to which you are not entitled. If this happens, you will have to pay this money back.

VOCATIONAL REHABILITATION

The Canada Pension Plan Administration may provide vocational rehabilitation services to help clients, who wish to return to the work force, do so. Your medical condition must be stable. You will continue to receive your disability benefits during your rehabilitation period. A brochure is available in a Service Canada office. This brochure will give you more details on the rehabilitation services provided by Canada Pension Plan.

PROTECTION OF PERSONAL INFORMATION

The information requested is required under the *Canada Pension Plan Act* (CPP). We may not be able to give you a benefit if you do not give us all the information we need. We will keep this information in the Personal Information Bank SDC PPU 140 (Retirement, Disability, Survivors and Death benefits). Your personal information is governed by the *Privacy Act* and we may disclose it where we are authorized to do so under the *CPP Act.*

Under the *CPP Act* and the *Privacy Act* you have the right to look at the personal information about you in your file. You can ask to see your file by contacting a Service Canada office. To find out how to get your personal information through the Access to Information Coordinator's office, see the Info Source, a directory that lists all the information banks and the information they contain. Copies of the Info Source are available in all Service Canada offices.

MAILING CHECK LIST

Before you mail your application, make sure you have:

- enclosed all the required birth evidence
- indicated your Social Insurance Number on all the pages
- signed and dated all the forms
- enclosed the Medical Report if your physician has chosen to return it to you.

IMPORTANT

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

Human Resources Development Canada | Développement des ressources humaines Canada

Personal Information Bank
SDC PPU 140

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QUESTIONNAIRE FOR DISABILITY BENEFITS CANADA PENSION PLAN

1	FIRST NAME AND INITIAL	LAST NAME	SOCIAL INSURANCE NUMBER

EDUCATION

2 What was the highest grade you completed in school?

Have you attended college or university?

☐ Yes **If yes**, indicate number of years and/or diploma/degree obtained.

☐ No

3 Have you ever been involved in any technical, trade, or on the job training? ☐ Yes ☐ No **If yes**, provide the following details:

Dates	Type of program	Certificate obtained

WORK HISTORY (BE SURE TO INCLUDE WORK DONE IN CANADA AND/OR OTHER COUNTRIES)

EMPLOYEE

4 Have you stopped working completely?

☐ Yes, go to question 5.

☐ No, provide the following information:

Type of Work

☐ Full-time ☐ Part-time ☐ Volunteer ☐ Seasonal

Number of hours per day	Number of days per week	If seasonal, explain period(s) of work.	Salary per hour	/or per day	/or per year

5 If you have stopped working completely, provide the following information:

What kind of work did you do in your most recent job?

Why did you stop working?	Date employment started Year Month Day	**Last day on the job** Year Month Day

6 Name and full address of your present or most recent employer.

SELF - EMPLOYED

7 If you are or were self-employed, provide the following information:

a) Date business started Year Month Day

b) When did you actually stop working in the business? Year Month Day

c) Why did you stop working in the business?

d) Describe the business operation.

e) What was your involvement with the business?

Social Insurance Number

SELF - EMPLOYED (CONTINUED)

f) Are you involved in the business in any way at the present time?

☐ Yes, explain your present involvement.

☐ No, provide the following information:

Indicate what disposition has been made for the business:

☐ sold ☐ rented ☐ profit sharing

Date of disposition Year Month Day

If **no disposition** has been made of the business, how does it operate now and what arrangements are you contemplating in the future?

g) What was the last year that an income tax return on the operation of the business was filed in your name?

h) Will you declare yourself a self-employed person for income tax purposes this year?

☐ Yes ☐ No

OTHER WORK HISTORY

IF THERE IS INSUFFICIENT SPACE TO LIST ALL YOUR OTHER TYPES OF WORK, USE THE SPACE AT THE END OF THIS QUESTIONNAIRE.

8 In the past two years, did you do **any other work** in addition to your main job (such as part-time farming, night or other employment)?

☐ Yes **If yes**, provide the following details:

☐ No

Type of work	Number of hours per day	Number of hours per week	Work started Year Month Day	**Last day on the job** Year Month Day

Name and full address of employer

9 Have you done **any other type of work** in the last five years?

☐ Yes **If yes**, list the type of work and the dates.

☐ No

	From Year Month Day	To Year Month Day

10 Because of your medical condition, did you have to do a lighter job or a different type of work?

☐ Yes **If yes**, please describe.

☐ No

11 Has your physician told you when you can return to work?

☐ Yes **If yes**, give the date: Year Month

☐ No

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

☐ Yes **If yes**, answer **one** of the following questions:

☐ No

a) The date you plan to **return** to your former employer/employment. Year Month

b) The date you will **start** a new job. Year Month

c) The date you plan to start **looking** for work. Year Month

Social Insurance Number

OTHER BENEFITS

13 If you are receiving any form of accident or illness/disability benefits, state the name of the insurance company.

14 If any of your health problems are covered by Provincial workers' compensation benefits, provide details in each case.

Claim Number	Province or Territory	Year	Injury

State type of benefit you now receive.	Percentage of pension awarded

15 Have you received regular Employment Insurance benefits in the last two years?

☐ Yes **If yes**, give the dates:

☐ No

	Year	Month	Day		Year	Month	Day
From				To			
From				To			

MEDICAL INFORMATION

16 **When could you no longer work because of your medical condition?**

Year Month Day

17 Height | Weight | ☐ Right-handed ☐ Left-handed

18 State the illnesses or impairments that prevent you from working. If you do not know the medical names, describe in your own words.

19 Describe how these illnesses or impairments prevent you from working.

20 If you have other health-related conditions or impairments, please describe them.

21 If you had to stop other activities (such as hobbies, sports or volunteer work), please explain and give dates activities ceased.

Social Insurance Number

22 Explain any difficulties/functional limitations you have with the following:

Sitting/Standing (How long?)	Seeing/Hearing
Walking (How long and how far?)	Speaking
Lifting/Carrying (How much and how far?)	Remembering
Reaching	Concentrating
Bending (How much?)	Sleeping
Personal needs (Eating, washing hair, dressing, etc.)	Breathing
Bowel and bladder habits	Driving a car (How long?)
Household maintenance (Cooking, cleaning, shopping and similar activities)	Using public transportation

Social Insurance Number

INFORMATION ABOUT YOUR PHYSICIANS

23 Provide the following information about the physician who will be completing your medical report.

Physician's Full Name

☐ Family Physician ☐ Specialist (Please specify)

Address | City

Province or Territory | Country (If other than Canada) | Postal Code | Telephone Number

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

What were the reasons for your visits?

24 List all other physicians you have seen in the last two years (space for two physicians is provided). If there is insufficient space to list all of your physicians, use the space at the end of this questionnaire.

a) Physician's Full Name | Specialty

Address | City

Province or Territory | Country (If other than Canada) | Postal Code | Telephone Number ( ) –

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

Were your visits related to your present medical condition? ☐ Yes **If yes**, explain the reasons for your visits. ☐ No

b) Physician's Full Name | Specialty

Address | City

Province or Territory | Country (If other than Canada) | Postal Code | Telephone Number ( ) –

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

Were your visits related to your present medical condition? ☐ Yes **If yes**, explain the reasons for your visits. ☐ No

Social Insurance Number

HOSPITALIZATION

25 If you have been admitted to hospital in the last two years, please provide the following information. Space for two hospitals is provided. If there is insufficient space to list all of the hospitals, use the space at the end of this questionnaire.

a) Name of hospital | Mailing address (No., Street, Apt., P.O. Box, R.R.)

City | Province or Territory | Country (If other than Canada) | Postal Code

Date admitted (Year Month Day) | Date discharged (Year Month Day) | Name of attending physician

Reason for admission and type of treatment

b) Name of hospital | Mailing address (No., Street, Apt., P.O. Box, R.R.)

City | Province or Territory | Country (If other than Canada) | Postal Code

Date admitted (Year Month Day) | Date discharged (Year Month Day) | Name of attending physician

Reason for admission and type of treatment

MEDICATION AND TREATMENT

26 List any medication you now take.

Name of medication	Dosage	How often

27 Describe other treatment you receive (such as counselling, physiotherapy).

28 If future treatments or medical tests are planned, please explain, giving dates.

29 List any medical devices you use (such as crutches, cane, artificial limb, splints, braces, wheelchair, hearing aid, heart pacemaker, ostomy apparatus).

Social Insurance Number

VOCATIONAL REHABILITATION (SEE GUIDE ON PAGE 9)

30 If considered suitable, would you consent to a vocational rehabilitation assessment?

- ☐ Yes
- ☐ No **If no**, please explain.

31 Are you presently or have you ever been involved in a rehabilitation program?

- ☐ Yes **If yes**, please provide details.
- ☐ No

DECLARATION AND SIGNATURE

I understand that it is an offence to make a false or misleading statement in an application for benefits.

I realize that my personal information is governed by the *Privacy Act* and it can be disclosed where authorized under the Canada Pension Plan.

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.

Signature of Applicant or Representative	Year Month Day	Telephone Number
X		( ) –

Use this space if required. Identify the number of the question the information belongs to.

Human Resources Development Canada | Développement des ressources humaines Canada

Protected When Completed - A

Personal Information Bank
SDC PPU 140

AUTHORIZATION TO DISCLOSE INFORMATION/ CONSENT FOR MEDICAL EVALUATION

First Name and Initial	Last Name		**Social Insurance Number**
Home Address (No., Street, Apt., or R.R.)		City	
Province or Territory	Country (If other than Canada)	Postal Code	Telephone Number ( ) –

- **I hereby authorize** any physician, medical specialist, hospital, medical or vocational agency, financial institution, employer, educational institution, as well as any federal, provincial or municipal government department and agency, provincial social services and workers compensation board or administrator of private insurance plans, to disclose information contained in their records to Service Canada, for the purpose of determining whether I am or continue to be disabled and whether any amount shall be paid or shall continue to be paid as a benefit under the terms of the Canada Pension Plan.

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

- **Any personal information** received by the Canada Pension Plan is protected under the Canada Pension Plan and the *Privacy Act*. I have the right to request access to this personal information and am aware that the information may be used or disclosed within the conditions imposed by the Canada Pension Plan and the *Privacy Act* and outlined in the Personal Information Bank SDC PPU 140.

- **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 and ceased under the terms of the Canada Pension Plan. Should I choose not to consent to the disclosure of information and/or not to undergo a medical evaluation, I understand that a decision to grant or deny a disability benefit will be based upon the available evidence in my file.

TO BE COMPLETED BY THE APPLICANT

Signature of Applicant

Year Month Day

X

TO BE COMPLETED BY A WITNESS IF SIGNED WITH A MARK "X" OR BY A REPRESENTATIVE OF THE APPLICANT

If signed by a representative, consent is made on behalf of the applicant.

First Name	Last Name	Telephone Number ( ) –

Signature of Witness or Representative

Year Month Day

X

This authorization form shall be valid for 2 years from the date of signature unless previously revoked in writing by the applicant or the representative signing this form. Any photographic or facsimile copy shall be as valid as the original.

DISPONIBLE EN FRANÇAIS - ISP 2502 F

Canada

Human Resources Development Canada | Développement des ressources humaines Canada

MEDICAL REPORT - RAPPORT MÉDICAL

TO THE PHYSICIAN

INFORMATION

Your patient is applying for a Canada Pension Plan disability benefit. To assist us in determining eligibility, please complete this form on his/her behalf. Please type or write legibly. You may substitute this report with a narrative letter or computer print-out.

The decision as to whether a person is disabled is the responsibility of Canada Pension Plan's Disability Operations Division. According to the Canada Pension Plan legislation, a disability must be a physical or mental impairment that is both **severe and prolonged. Severe** means that a person is incapable regularly of pursuing any substantially gainful occupation. **Prolonged** means that such disability is likely to be of indefinite duration or is likely to result in death. **Objective medical evidence** and other factors are considered when determining eligibility.

An applicant may be requested to undergo an independent medical examination by a physician designated by Service Canada.

ACCESS TO PERSONAL INFORMATION

Pursuant to the *Privacy Act*, upon written request, Service Canada is obligated to provide the applicant with any information or records, including medical reports, contained in their file.
(Personal Information Bank SDC PPU 140).

RETURN OF MEDICAL REPORT

Service Canada will assist with the cost of completing the medical report by paying up to $65.00 directly to you. To ensure payment, insert the completed report and your invoice in the envelope provided, seal it, and return it as quickly as possible. **Service Canada will endeavour to pay you as soon as possible.**

You may return the completed report to your patient or directly to Service Canada. If you decide to mail the report directly to one of our offices, please advise your patient.

A DELAY IN THE COMPLETION OF THIS MEDICAL REPORT MAY AFFECT YOUR PATIENT'S ENTITLEMENT TO BENEFITS.

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN AN APPLICATION FOR BENEFITS.

AU MÉDECIN

INFORMATION

Votre patient a présenté une demande de prestation d'invalidité aux termes du Régime de pensions du Canada. Pour nous aider à déterminer son admissibilité, nous vous saurions gré de remplir ce formulaire au nom de votre patient. Veuillez dactylographier ou écrire lisiblement. Vous pouvez remplacer ce rapport par une lettre narrative ou un imprimé d'ordinateur.

La décision déterminant qu'une personne est invalide relève de la Division de l'administration de l'invalidité du Régime de pensions du Canada. Selon les dispositions législatives régissant le Régime de pensions du Canada, une personne doit souffrir d'une incapacité physique ou mentale à la fois **grave et prolongée. Grave,** en ce sens que la personne est incapable de détenir régulièrement une occupation véritablement rémunératrice et **prolongée,** en ce sens que l'incapacité sera vraisemblablement d'une durée indéfinie ou entraînera sans doute le décès. Des **preuves médicales objectives** et d'autres facteurs sont pris en considération lors de l'établissement de l'invalidité.

Tout demandeur peut être tenu de subir un examen médical indépendant par un médecin désigné par Service Canada.

ACCÈS AUX RENSEIGNEMENTS PERSONNELS

Conformément à la *Loi sur la protection des renseignements personnels,* sur réception d'une demande écrite faite par le demandeur, Service Canada a l'obligation de fournir toute information, dont les rapports médicaux, paraissant dans son dossier.
(Fichier de renseignements personnels DSC PPU 140).

RETOUR DU RAPPORT MÉDICAL

Service Canada aidera à défrayer les coûts pour remplir le rapport médical en vous versant directement une somme allant jusqu'à 65 $. Pour s'assurer du paiement, insérez le rapport rempli et votre facture dans l'enveloppe fournie, cachetez-la, et retournez le tout aussitôt que possible. **Service Canada s'engagera à acquitter le paiement dans les plus brefs délais possible**.

Vous pouvez retourner le rapport rempli à votre patient ou directement à Service Canada le plus près de chez vous. Si vous décidez de poster le rapport directement à l'un de nos bureaux, veuillez en aviser votre patient.

UN RETARD POUR REMPLIR CE RAPPORT MÉDICAL POURRAIT INFLUER SUR L'ADMISSIBILITÉ DE VOTRE PATIENT AUX PRESTATIONS.

TOUTE DÉCLARATION FAUSSE OU TROMPEUSE FAITE DANS UNE DEMANDE CONSTITUE UNE INFRACTION.

Human Resources Development Canada | Développement des ressources humaines Canada

Personal Information Bank
SDC PPU 140
Fichier de renseignements personnels
DSC PPU 140

MEDICAL REPORT - RAPPORT MÉDICAL

Protected When Completed - B
Protégé une fois rempli - B

SECTION A To be completed by Applicant - Doit être remplie par le demandeur

First Name - Prénom	Initial - Initiale	Last Name - Nom de famille

Home Address (No., Street, Apt., or R.R.) Adresse du domicile (numéro, rue, app., ou route rurale)	City - Ville	Province or Territory Province ou territoire

Postal Code Code postal	Telephone No. - N° de téléphone	Date of Birth Date de naissance Y/A M D/J	**Social Insurance Number** **Numéro d'assurance sociale**
	( ) –		

SECTION B To be completed by Physician - Doit être remplie par le médecin

Please provide factual objective opinions - Veuillez donner une opinion factuelle objective

1 Height - Taille Weight - Poids	**2** a) How long have you known the patient? Depuis quand connaissez-vous le patient?	b) When did you start treating the patient for the main medical condition? Quand avez-vous commencé à traiter le patient pour son état pathologique principal? Y/A M	c) Date of last visit Date de la dernière visite Y/A M D/J

3 **Diagnosis (es) - Diagnostic(s) :**

4 **Relevant/significant medical history relating to the main medical condition:**
Antécédents médicaux pertinents/importants reliés à l'état pathologique principal :

Social Insurance Number
Numéro d'assurance sociale

5 **Over the past two years, has the patient been admitted to a hospital/institution?**
Au cours des deux dernières années, le patient a-t-il été admis à l'hôpital ou dans une institution?

☐ Yes / Oui — **If yes,** please list: / **Dans l'affirmative,** veuillez indiquer **:**

☐ No / Non

Name of the Hospital(s)/Institution(s) - Nom de(s) l'hôpital(aux) ou de(s) l'institution (institutions)

The date(s) of admission La (les) date(s) d'admission Y/A M D/J	The reason(s) for admission La (les) raison(s) de l'admission

6A **Is there supporting evidence for the main medical condition? Please attach supporting documentation.**
Y a-t-il des preuves à l'appui de l'état pathologique principal du patient? Veuillez joindre les documents à l'appui.

Laboratory Reports Rapports de laboratoire	☐ Yes / Oui	☐ No / Non
X-ray reports Radiographies	☐ Yes / Oui	☐ No / Non
Consultants' opinions Opinions de consultants	☐ Yes / Oui	☐ No / Non
Other Autre	☐ Yes / Oui	☐ No / Non
Documentation to be returned Documents devant être retournés	☐ Yes / Oui	☐ No / Non

6B **Please describe relevant physical findings and functional limitations.**
Veuillez décrire les observations physiques et les limitations fonctionnelles pertinentes.

Social Insurance Number
Numéro d'assurance sociale

7 **Are further consultations or medical investigations planned relating to the main medical condition?**
Prévoyez-vous effectuer d'autres consultations ou évaluations médicales en rapport avec son état pathologique principal?

☐ Yes / Oui — **If yes,** please specify: / **Dans l'affirmative,** veuillez préciser :

☐ No / Non

8 **Is the patient currently on medication(s) as a result of the main medical condition?**
Le patient prend-il présentement des médicaments en raison de son état pathologique principal?

☐ Yes / Oui — **If yes,** please indicate dosage and frequency. / **Dans l'affirmative,** veuillez indiquer la dose et la fréquence.

☐ No / Non

9 **Treatment:** List type and response.
Traitement : Indiquez le genre et la réaction.

Social Insurance Number Numéro d'assurance sociale	FOR OFFICE USE ONLY - À L'USAGE EXCLUSIF DU BUREAU		
	☐ A.C. - C.V.	Initials - Initiales	Y/A M D/J

10 **Prognosis of the main medical condition of this patient - Pronostic au sujet de l'état pathologique principal du patient :**

11 **Additional Information - Renseignements supplémentaires**

SIGNATURE (Please print or use a stamp - Veuillez écrire en lettres moulées ou estampiller)

Physician's Full Name - Nom du médecin au complet

Address - Adresse

Postal Code
Code postal

☐ Family Physician
Médecin de famille

☐ Specialty
Spécialité _____

Signature X	Y/A M D/J	Telephone No. - N° de téléphone ( ) –

Please write legibly - Veuillez écrire lisiblement

Child Rearing Provision

Canada Pension Plan

If you are applying for the Child Rearing Provision on your behalf, please provide your Social Insurance Number and name in number 1 and 2 below. If you are applying 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.

1. Social Insurance Number

_____

2. First name, initial and last name

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

_____

3. Information about the children

List all children born after December 31, 1958.

	Child's Name	Child's SIN	Child's Date of Birth Year/Month/Day	If the child was born outside Canada, tell us the date the child entered Canada Year/Month/Day
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:

FROM: _____ **TO:** _____ **FROM:** _____ **TO:** _____
Year Month Year Month Year Month Year Month

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

Child Rearing Provision

Canada Pension Plan

Social Insurance Number
Numéro d'assurance sociale

3. Information about the children (con't)

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.

FROM: _____ **TO:** _____ **FROM:** _____ **TO:** _____
Year Month Year Month Year Month Year Month

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".

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*.

X _____ Date _____ ( ) –
Year Month Day Telephone number

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

Your Name _____ ( ) –
Telephone number

Address _____

_____

_____

5. 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** **Telephone number during the day**

X _____ _____ ( ) –
Year Month Day

Information Sheet for the Child Rearing Provision

Canada Pension Plan

How will this provision help me?

The Child Rearing Provision may help you qualify for or receive a higher Canada Pension Plan benefit amount. The amount of benefits paid under the Canada Pension Plan is based on how long and how much you contributed to the Plan while you were working, and in some cases, your age when your benefit begins. Periods of time when you had no or low earnings normally result in a lower benefit amount. If you were not working or had low earnings while caring for a child under the age of seven, the Child Rearing Provision can be used to exclude these periods of time from the calculation of your benefit. This may help you qualify for benefits or increase the benefit amount you can receive.

Applying for the Child Rearing Provision

If you have applied for or are receiving a retirement pension or disability benefit from the Canada Pension Plan, and were at one point in time the primary caregiver* for a child under the age of seven, you should complete the Child Rearing Provision form and send it to us as soon as possible. In the case of a Canada Pension Plan death or survivor benefit, if the deceased person was the primary caregiver of a child while the child was under age seven, the estate or the surviving spouse or common-law partner should complete the form on behalf of the deceased.

Qualifying for the Child Rearing Provision

To qualify for the Child Rearing Provision:

- you must have either not worked or had low earnings while being the **primary caregiver*** of a child under the age of seven who was born after December 31, 1958;
- you or your spouse/common-law partner must have received Family Allowance payments or been eligible** for the Canada Child Tax Benefit (even if you did not receive the benefit);
- you must provide proof of birth for each child listed, *if a Social Insurance Number is not provided*. If a child was born outside of Canada, proof of the child's entry into Canada must be provided as well.
- this form must be completed and signed.

If you are applying on behalf of a person who is deceased, the requirements listed above must have been met by the person who is deceased.

* The primary caregiver is the person who spent the most time caring for the daily needs of the child such as supervision, preparation of meals, school attendance, doctor appointments, etc.

** If you were the primary caregiver of a child and did not receive the Canada Child Tax Benefit only because your family income was too high, you are considered to have been eligible for the Canada Child Tax Benefit.

Family Allowance

The Family Allowance program (commonly referred to as the “baby bonus”) paid a monthly cheque to parents or guardians of dependent children under the age of 18. In most families, payments were issued to the mother. The Family Allowance program was replaced by the Canada Child Tax Benefit in 1993.

Canada Child Tax Benefit (CCTB)

The CCTB is a monthly benefit administered by the Canada Revenue Agency. The amount of the CCTB is based on your net family income level, the number of children you have and the ages of your children. You might have been considered eligible to the CCTB even if you did not receive it. For more information about the CCTB, please contact the Canada Revenue Agency.

Information Sheet for the Child Rearing Provision
Canada Pension Plan

Documents required

Proof of birth
A birth certificate, or a certified copy of the birth document must be provided for each child listed if a Social Insurance Number is not provided. No birth evidence is required if the Social Insurance Number is provided for the child listed on the Child Rearing Provision Form.

Proof of date of entry into Canada
If a child was born outside Canada, an immigration document (for example the IMM 1000 or a passport), or a certified copy of that document must also be provided to prove the child's date of entry into Canada.

Certified copies of original documents

It is better to send certified photocopies of documents rather than the originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you.

We can only accept a photocopy of an original document if it is readable and if it is a certified copy of the original. Our staff at any Service Canada Center will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

- Accountant
- Chief of First Nations Band
- Commissioner of Oaths
- Employee of Service Canada acting in an official capacity
- Funeral Director
- Justice of the Peace
- Lawyer
- Magistrate
- Manager of Financial Institution
- Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologists, Nurse Practitioners, Registered Nurses
- Member of Parliament or their staff
- Member of Provincial Legislature or their staff
- Minister of Religion
- Municipal Clerk
- Notary
- Official of a federal government department or provincial government department, or one of its agencies
- Official of an Embassy, Consulate or High Commission
- Official of a country with which Canada has a reciprocal Social Security Agreement
- Police Officer
- Postmaster
- Professional Engineer
- Social Worker
- Teacher

People who certify photocopies must compare the original document to the photocopy, write their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document. They must also write the following statement on the photocopy:

This photocopy is a true copy of the original document which has not been altered in any way.

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you. Please write your Social Insurance Number or the deceased's (if applying on behalf of a person who is deceased) on all photocopies that you send us.

Information Sheet for the Child Rearing Provision

Canada Pension Plan

Waiver of rights to the Child Rearing Provision

If you remained at home to care for a child under age 7 but your spouse received Family Allowances, your spouse can waive their rights in your favour. This means your spouse foregoes their rights to the Child Rearing Provision as it cannot be used for both you and your spouse for the same time periods and children. To waive their rights, your spouse has to complete and sign Section 5 of this application.

Please note if your spouse or common-law partner received Canada Child Tax Benefits but you were actually the primary caregiver of the child, you may be eligible for the Child Rearing Provision. To be considered, you will need to provide a letter from the Canada Revenue Agency indicating that you would have been eligible for the Canada Child Tax Benefit while you were the primary caregiver for the child. If this situation applies, please contact the Canada Revenue Agency for more information about obtaining this letter.

Protection of personal information

The information requested is required under the *Canada Pension Plan* (CPP). We may not be able to give you a benefit if you do not give us all the information we need. We will keep this information in the Personal Information Bank SDC PPU 140, 146, 175. Your personal information is governed by the *Privacy Act* and we may disclose it where we are authorized to do so under the *CPP*.

Under the *CPP* and the *Privacy Act*, you have the right to look at the personal information about you in your file. You can ask to see your file by contacting a Service Canada Centre. To find out how to get your personal information through the Access to Information Coordinator's office, see the Info Source, a directory that lists all the information banks and the information they contain. Copies of the Info Source are available in all Service Canada Centres.

For more information

Visit our Internet site at **servicecanada.gc.ca**

You can also call us:

In Canada and United States,
English: 1 800 277-9914
French: 1 800 277-9915
1 800 255-4786 *(For TTY/TDD users who have speech or hearing impairments)*

(Please have your Social Insurance Number ready when you call.)

Note: This document contains general information concerning the Child Rearing Provision and reflects the CPP legislation. If there are any differences between what is in this document and the CPP, the CPP legislation takes precedence.

Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

NEWFOUNDLAND AND LABRADOR
Service Canada
P.O. Box 9430
St. John's NL A1A 2Y5

PRINCE EDWARD ISLAND
Service Canada
P.O. Box 20105
Sherwood Postal Outlet
Sherwood PE C1A 9E3

NOVA SCOTIA
Service Canada
P.O. Box 1687
Postal Station "M"
Halifax NS B3J 3J4

NEW BRUNSWICK
Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6

QUEBEC
Service Canada
P.O. Box 1816
Quebec QC G1K 7L5

ONTARIO
Service Canada
P.O. Box 2020
Chatham ON N7M 6B2

MANITOBA AND SASKATCHEWAN
Service Canada
P.O. Box 818
Station Main
Winnipeg MB R3C 2N4

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT
Service Canada
P.O. Box 2710
Main Station
Edmonton AB T5J 4C2

BRITISH COLUMBIA AND YUKON
Service Canada
P.O. Box 1177
Victoria BC V8W 2V2

Ce formulaire est disponible en français - ISP-3501F

Canada