



Notice of Appeal

You may use this form to appeal a decision made by Social Development Canada about CPP or OAS benefits. After we receive your completed form at the OCRT, we will send you an acknowledgment letter and one of our Client Service Officers will contact you.

1a) Appellant Information:

Your Name: _____

Social Insurance Number (SIN): _____ - _____ - _____

Address - Apt, Street No, Street: _____

City: _____ Province: _____

Country: _____

Postal Code: _____

Telephone Number: () _____

Fax Number (if applicable): () _____

E-mail (if applicable) _____

1b) If this appeal involves a survivor's benefit (survivor, death, orphan), please provide the following information regarding the deceased contributor.

Name of the Deceased Contributor: _____

Your Relationship with the
Deceased Contributor: _____

Social Insurance Number (SIN): _____ - _____ - _____

2) In which official language would you like your Review Tribunal hearing to be held?

English: French:

3a) Please indicate the date that you received your decision letter from Social Development Canada.

Date: _____

Name of Appellant: _____

Social Insurance Number: _____ - _____ - _____

3b) Please provide your reasons for appealing the decision of the Department of Social Development Canada in the space below. If you require more space, please write on additional blank sheets of paper and attach to this form.

(Number of additional pages attached: _____)

4) An appeal to the Office of the Commissioner of Review Tribunals must be sent within 90 days of receiving the decision letter from the Department of Social Development Canada.

If you are appealing more than 90 days after receiving the decision letter, please provide detailed reasons as to why you are late in appealing:

Signature _____

Date _____

Please return this
Notice of Appeal to:

Office of the Commissioner of Review Tribunals
Canada Pension Plan/Old Age Security
P.O. Box 8250, Station "T"
Ottawa, ON K1G 5S5