



## Consent for Service Canada and Insurer to Communicate Disability Benefit Information

**Instructions:** Please read the information sheet on page 2 before completing this form.

### Your consent for Service Canada and Your Insurer to Communicate Disability Benefit Information

\_\_\_\_\_  
(Please print) Your first name

\_\_\_\_\_  
Your last name

\_\_\_\_\_  
Your Social Insurance Number

I have read the Information Sheet on page 2. I understand that I am allowing Service Canada and my Insurer to communicate the following information in regard to my application for CPP Disability benefits:

**My Insurer will provide Service Canada with the following insurance disability benefit information:**

- My insurance plan and policy number

**Service Canada will provide my Insurer with the following CPP disability benefit information:**

- If granted, the month and year when my CPP Disability benefits start and the monthly amount of my CPP Disability benefit

I understand that Service Canada will not communicate my disability benefit information:

- if my consent is received more than one year from the day I signed it,
- if I cancel my authorization to allow Service Canada and my Insurer to communicate my disability benefit information in writing, which I can do at any time or
- before a decision has been made regarding my application for CPP Disability benefits

I also understand that this consent is revoked in the event of my death.

I hereby authorize my Insurer named below and Service Canada to communicate my disability benefit information as indicated above.

I am (check one):

the person named above

a legal representative of the person named above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Year    Month    Day

\_\_\_\_\_  
Legal name of your Insurer:

**Note:** if you do not want to give your consent for Service Canada and your Insurer to communicate your disability benefit information, do not sign this form and advise your Insurer.

If you do sign, keep a photocopy for your records and return page 1 to your Insurer who will forward it to the nearest Service Canada Centre.

**Protecting your privacy:** Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by CPP legislation. You (or your legal representative) have the right to request a copy of the information in your file at any time.

**IMPORTANT:** You can obtain an application for CPP Disability benefits by calling Service Canada at 1-800-277-9914 or print the application from the Internet at: [www.sdc.gc.ca](http://www.sdc.gc.ca)

**Ce formulaire est disponible en français.**



## Consent for Service Canada and Insurer to Communicate Disability Benefit Information

### INFORMATION SHEET

#### What does “Consent for Service Canada and Insurer to Communicate Disability Benefit Information” mean?

As part of your application for CPP Disability benefits, you are being asked to consent to allow your Insurer to give Service Canada your Insurance Plan and Policy number. This is so that the reimbursement of the retroactive payment is correctly credited to your account.

If you sign the consent form and if you are granted CPP Disability benefits, Service Canada will provide your insurer with the information they will need to adjust their monthly payment to you.

This information will only be exchanged once and only after a decision regarding your application for CPP Disability benefits has been made.

#### How long will my consent last?

Your consent is effective only when a completed application for CPP Disability benefits is received. You can cancel your consent at any time by writing to us.

Also, your consent is only valid if received by Service Canada within 12 months of the date you signed it. Please note that this consent is revoked in the event of your death.

#### If you have questions about CPP Disability, contact Service Canada:

##### By phone

- 1 800 277-9914 (English)
- 1 800 277-9915 (French)
- 1 800 255-4786 for TTY users

##### By telephone for residents of other countries

- Call long distance at (613) 957-1954 or you may visit the Canadian Embassy or Consulate in your area to make this call without cost to you.

##### By Mail

- see page 3

##### By e-mail

- [servicecanada.gc.ca](mailto:servicecanada.gc.ca)

##### By Internet

- [servicecanada.gc.ca](http://servicecanada.gc.ca)



## Service Canada Centres

If you require information about Canada Pension Plan Disability benefits and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. People with speech or hearing impairments using a teletypewriter device (TTD/TTY), please call **1 800 255-4786**. Our lines are busiest at the beginning and end of each month, so if your business can wait, it's best to call at other times. Please have your social insurance number ready. You can also write to us at the address in the province where you currently reside, as indicated below. If you are living outside of Canada, your letter should be mailed to the office in the province where you last resided.

### **NEWFOUNDLAND AND LABRADOR**

Service Canada Centre  
P.O. Box 9430  
St. John's, NF  
A1A 2Y5

### **MANITOBA AND SASKATCHEWAN**

Service Canada Centre  
P.O. Box 818  
Station Main  
Winnipeg, MB  
R3C 2N4

### **NOVA SCOTIA/PRINCE EDWARD ISLAND**

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

### **ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT**

Service Canada Centre  
P.O. Box 2710, Main Station  
Edmonton, AB  
T5J 4C2

### **NEW BRUNSWICK / QUEBEC**

Service Canada Centre  
P.O. Box 250  
Fredericton, NB  
E3B 4Z6

### **BRITISH COLUMBIA AND YUKON**

Service Canada Centre  
P.O. Box 1177  
Victoria, BC  
V8W 2V2

### **ONTARIO (Timmins)**

Service Canada Centre  
70 Cedar Street South  
P.O. Box 2013  
Timmins, ON  
P4N 8C8

### **ONTARIO (Chatham)**

Service Canada Centre  
65 William Street South  
P.O. Box 2020  
Chatham, ON  
N7M 6B2

### **ONTARIO (Scarborough)**

Service Canada Centre  
P.O. Box 5100  
Postal Station "D"  
Scarborough, ON  
M1R 5C8