

Canada Disability Benefit

Consent to Communicate Information to an Authorized Person

When to fill out this form?

Applicants and beneficiaries can provide consent to allow a trusted support person to communicate with Service Canada on their behalf. An informal support person can facilitate an individual's decision-making abilities and helps make the Canada Disability Benefit as accessible as possible.

Fill out this form if you want to authorize a person to speak with Service Canada for you about your **Canada Disability Benefit**. This form does not allow them to speak for you about other programs or benefits.

Your authorized person **will** be able to:

- ask about the status of your benefit
- get your monthly payment information (amount and date)
- ask to have letters reissued by mail
- change your address

Your authorized person **will not** be able to:

- apply for the benefit for you
- change your banking information (direct deposit) or payment method
- ask for a formal reconsideration
- stop your benefit

Protection of your personal information

Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by the *Privacy Act*, the *Department of Employment and Social Development Act* and the *Canada Disability Benefit Act*.

How to complete and submit this form:

1. **You** must complete **Section A**, sign and date the form.
2. **Your authorized person** must complete **Section B**, sign and date the form.
3. Once complete, you can choose to **mail us** the form or bring it to a **Service Canada Centre**.
 - **Service Canada Centre**: Bring this form to one of the offices listed at <https://offices.service.canada.ca/en>
 - **Mail**: Put this form in a stamped envelope and mail it to the Canada Disability Benefit (CDB) Processing Centre:

**Service Canada Centre
CDB Processing Centre
P.O. Box 60
Boucherville, QC, J4B 5E6**

If you have questions:

- Go online at canada.ca/disability-benefit to view information about the [Canada Disability Benefit](#)
- Call the Canada Disability Benefit call centre at 1-833-486-3007. If you are outside Canada, please call 1-833-486-2919
- Use a teletypewriter (TTY) at 1-833-467-2700
- Use a sign language interpreter to call the dedicated [video relay service \(VRS\) line](#). To use the service, register at srvcanadavrs.ca
- Visit a [Service Canada Centre](#) near you at <https://offices.service.canada.ca/en>

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Section A - Your Personal Information

1. First Name	Last Name	2. Social Insurance Number (999 999 999)
3. Mailing Address (Include street number, street name and unit, apartment, or suite number (if applicable))		
City/Town		
4. Province/Territory/State/Region	Postal Code/Zip Code	Country
5. Telephone Number (999) 999-9999		
6. Your Consent I give my consent for Service Canada to share my personal information related to my Canada Disability Benefit with the authorized person named in Section B. I understand that this consent: • is valid unless I cancel it • is only valid if Service Canada receives this form within one year from the date I signed it Signature _____ Date (YYYY-MM-DD) _____		

Section B - Your Authorized Person

1. First Name	Last Name	
2. Mailing Address (Include street number, street name and unit, apartment, or suite number (if applicable))		
City/Town		
3. Province/Territory/State/Region	Postal code/Zip Code	Country
4. Telephone Number (999) 999-9999		
5. Declaration of Authorized Person I agree to act on behalf of the person named in Section A and communicate with Service Canada about their Canada Disability Benefit. Signature _____ Date (YYYY-MM-DD) _____		