Request for Reconsideration of a Canada Pension Plan Disability and/or Post-Retirement Disability Decision

Instructions – please read carefully

If you disagree with Service Canada's decision on your application for Canada Pension Plan (CPP) disability, post-retirement disability benefits or the Disabled Contributor Child Benefit, you can ask us to reconsider.

Please read this form carefully and complete all relevant sections. If you need more space, add separate pages. If you can't fill out the form by yourself, you can ask someone to do it for you **(see Section 6)**.

You (the applicant) must:

- ✓ Write your SIN on every page on this form and on all additional sheets or documents.
- ✓ Sign the Declaration in Section 5.
- ✓ If providing new information in support of your reconsideration, send us photocopies rather than original documents.
- ✓ Mail your completed form to the nearest Service Canada office (see page 6).

Do not wait: If you are waiting for information, **send us your form now**. You must submit this form **by mail** as soon as possible. You have **90 days** from the date you received the decision letter from Service Canada to let us know you want a reconsideration.

If you are late sending your form

Under special circumstances, Service Canada **may** allow you to submit this form after the 90 day limit. You must give a reasonable explanation why you are requesting a longer period, and demonstrate your continuing intention to request a reconsideration prior to the end of the 90-day period.

If you have any questions about completing this application, call us:

In Canada or the United States: 1-800-277-9914

For all other countries: 1-613-957-1954 (we accept collect calls)

TTY: 1-800-255-4786

Important: Please have your Social Insurance Number ready when you call.

Discover the Convenience of My Service Canada Account (MSCA)

- Apply online at any time for available Canada Pension Plan (CPP) and Old Age Security (OAS) benefits and services.
- Access accurate and up-to-date information about your CPP and/or OAS benefit entitlement.
- Get instant confirmation that your form or document has been received.
- Access tools and information to help you make an informed decision.
- Find help and information on additional benefits you may qualify for.
- Submit documents electronically for CPP disability benefits, CPP death benefit, CPP survivor's pension, and CPP children's benefits (for students aged 18 to 25).

Go to **www.canada.ca/msca** or scan:

For your safety, visit **www.cyber.gc.ca/en** for tips on protecting your devices and reporting suspected cyber incidents.

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

Section 1: Applicant Information

Social Insurance Number	Preferred language ◯ English ◯ French	**FOR OFFICE USE ONLY** **Date Stamp**
Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.		
First name	Last name(s)	
Home address (No., Street, Apt., RR)	City/Town	
Province/Territory	Country (if not Canada)	Postal code
Telephone number	Alternate telephone number	
Mailing address, if different from home address (No., Street, Apt., PO Box, RR)		
City/Town	Province/Territory	Country (if not Canada)	Postal code

Section 2: Information about the decision

NOTE: Before completing this section, it is very important that you review your decision letter to confirm which benefit(s) Service Canada has communicated a decision for.

I want Service Canada to review the decision for:

◯ Both Benefits (Disability Benefit and Post Retirement Disability Benefit)

◯ Disability Benefit

◯ Post-Retirement Disability Benefit

◯ Disabled Contributor Child Benefit (DCCB)

Enter the date on the decision letter that you received from Service Canada (top right corner of the letter) (YYYY-MM-DD): _____

IMPORTANT: If you are late sending your form, under certain circumstances, Service Canada **may** allow you to submit this form after the 90-day limit. If your form is late, you must request an extension and provide an explanation why you are requesting a longer period.

Is your request for reconsideration being submitted within 90 days after receipt of the decision letter?

◯ Yes ◯ No

If you respond no, please provide an explanation why you are late and the steps you took that show you were always planning to request a reconsideration, in the space below:

Section 3: Information you want us to consider

I want Service Canada to review the decision using:

◯ information already submitted. **(go to section 4)**

◯ information already submitted and new information I am providing today. **(provide the complete details below)**

◯ information already submitted and new information that I will be providing as soon as I receive it. **(provide the complete details below)**

If you have new documents to support your request, include them with your form. If you are waiting for documents, enter the dates you expect to send them.

Also include the dates and details of upcoming appointments with a doctor or other health care provider that will add new information about your condition. If you need more space, attach extra pages.

DO NOT WAIT: If you are waiting for information, **send us your form now**. We aim to make a decision on a reconsideration request within 120 calendar days. The review of your request will start once we receive all the information.

Document type, or date and type of upcoming appointment	**Document enclosed?**	**Will send later (estimated date) YYYY-MM-DD**
1.	◯ Yes ◯ No	
2.	◯ Yes ◯ No	
3.	◯ Yes ◯ No	

Section 4: Reason for reconsideration

Explain why you want us to reconsider our decision.

Section 5: Declaration and Signature

Read the information below before you sign your form. It explains why your personal information is needed, and how it will be used and protected.

Privacy Notice Statement

The information collected will assist Service Canada in determining if you, and if applicable, your children, are eligible or continue to be eligible for benefits under the Canada Pension Plan (CPP). It may also be used to complete an incapacity assessment under the CPP and the *Old Age Security Act (OAS Act)*. The information may be collected and used at any stage of the decision-making process by Service Canada. It may also be collected and used during any appeals before the Social Security Tribunal (SST).

The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive and on the SIN which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure an individual's exact identification so that contributory earnings can be correctly applied to your record to allow for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. The personal information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law. As well, the personal information you provide may be used and/or disclosed for policy analysis, statistical, research, and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that country's law and the *Canada Pension Plan* and the *Old Age Security Act*.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

The authority to collect personal information to determine if you are eligible or continue to be eligible for CPP disability benefits is provided under sections 44, 68 and 69 of the *Canada Pension Plan Regulations (CPP Regulations)*. The authority to collect personal information to complete an incapacity assessment is provided under sections 55.3 and 60 (8) to (11) of the CPP and section 28.1 of the *OAS Act*. The authority to collect information during appeals at the SST is provided under sections 4 and 5 of the *Privacy Act*.

Once collected, your personal information will be used in accordance with the CPP, the *OAS Act*, the *Department of Employment and Social Development Act* (DESDA) and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. Service Canada cannot disclose your personal information to any person or organization without your written consent except where authorized by the DESDA. It will be retained in Employment and Social Development Canada's (ESDC) Personal Information Banks (PPU 116, 146, and 175). You can ask to see your file by contacting a Service Canada office.

Instructions for accessing your personal information are provided in the government publication entitled, Information about programs and information holdings, available at **www.canada.ca/infosource-ESDC** and accessible online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: **www.priv.gc.ca/en/report-a-concern/file-a-formal-privacy-complaint/** or by calling 1-800-282-1376.

Declaration

☐ By signing below, I confirm that I want Service Canada to reconsider its decision about my application for CPP disability benefits. I declare that, to the best of my knowledge, all the information I have provided is true and complete.

Signature of applicant / legal representative	**Date** (YYYY-MM-DD)

Section 5: Declaration and Signature (continued)

To be completed by a witness only if the applicant signs with a mark (e.g. X)

☐ I have read the contents of this form to the applicant. The applicant appeared to fully understand its contents and made their mark in my presence.

First name of witness (print)	Middle name	Last name(s)	Telephone number

Address (No., Street, Apt., RR)	City/Town	Province/Territory	Country (if not Canada)	Postal code

Signature of witness	**Date** (YYYY-MM-DD)

If someone other than your **legal representative is** signing for you, they must complete **Section 6**.

Note: Legal representatives can include an executor or guardian, a public trustee, curator, committee, or someone who holds power of attorney. If you are a legal representative and you have not already submitted written proof that you are allowed to represent the applicant, please include it with this form.

Section 6: Information about the Requestor

To be completed if you are requesting a reconsideration on behalf of the applicant who cannot sign the form.

By signing this form you are confirming that the applicant wants Service Canada to reconsider its decision about their application for CPP disability benefits and that to the best of your knowledge, all of the information in this document is true and complete.

First name of requestor (print)	Middle name	Last name(s)	Telephone number

Address (No., Street, Apt., RR)	City/Town	Province/Territory	Country (if not Canada)	Postal code

Signature of requestor	**Date** (YYYY-MM-DD)

Note: We cannot release information to anyone but the applicant or their legal representative. Privacy legislation ensures that no information regarding an applicant can be released to another person unless the applicant has given permission in writing.

Service Canada

Service Canada Offices
Disability

Mail your forms to the nearest Service Canada office listed below.

From outside of Canada, send your forms to the Service Canada office in the province/territory where you last lived.

NEWFOUNDLAND AND LABRADOR
Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

NOVA SCOTIA AND PRINCE EDWARD ISLAND
Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK AND QUEBEC
Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6
CANADA

ONTARIO
Service Canada
PO Box 2020 Station Main
Chatham ON N7M 6B2
CANADA

MANITOBA AND SASKATCHEWAN
Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT
Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON
Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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Disponible en français

Canada