Service Canada

PROTECTED B (when completed)

NZL-CAN 3

Application for Canada Pension Plan Child's Benefits under the Agreement on Social Security between Canada and New Zealand and Declaration for a Student Over 18 Years of Age in Attendance at School or University

(You must complete this form after the start of your first day of classes.)

Section 1 – Information about the Canada Pension Plan (CPP) contributor

Important: Please read the reference guide before completing this section. ISP-5055A-NZL

1.1 Contributor's New Zealand social security or identification number

Contributor's Canadian Social Insurance Number (SIN)

1.2 Contributor's first name and initial

Contributor's last name

1.3 Contributor's address (number, street, apt., RR)

City, town or village

Province or territory

Country

Postal code

Section 2 – Information about you (the child of the CPP contributor)

Important: Please read the reference guide before completing this section. ISP-5055A-NZL

2.1 Optional ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

2.2 Canadian SIN

2.3 First name and initial

Last name

2.4 Date of birth (YYYY-MM-DD)

2.5 Home address (number, street, apt., RR)

City, town or village

Province or territory

Country

Postal code

2.6 Mailing address if different from above

Address (number, street, apt., PO Box, RR)

City, town or village

Province or territory

Country

Postal code

2.7 Telephone number

2.8 Service Canada may contact you by email to provide you with information or ask you to call us. Personal information will not be requested or shared.

Email address (Optional)

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

Section 2 – Information about the you (the child of the CPP contributor) (continued)

2.9 **a)** Written communication (check one) ◯ English ◯ French | **b)** Verbal communication (check one) ◯ English ◯ French

2.10 Are you disabled? ◯ Yes ◯ No

2.11 **a)** Have you ever applied for or received a benefit from: Canada Pension Plan ◯ Yes ◯ No Quebec Pension Plan ◯ Yes ◯ No

b) **If yes**, under what Canadian Social Insurance Number

2.12 **a)** Are you a natural child of the contributor? ◯ Yes ◯ No

b) **If no**, please specify:

Section 3 – Declaration of Attendance – Complete this section <u>after</u> the start of your first day of classes

Important: Please read the reference guide before completing this section. ISP-5055A-NZL

3.1 **a)** Student identification number

b) Name of recognized school, university, college, training centre, etc.

3.2 Enrolled in (specify course, grade or program)

3.3 **a)** Type of enrolment

◯ Full-Time ◯ Part-Time ◯ Other (please provide an explanation)

b) Are these courses a requirement for enrolment to obtain a degree, certificate or diploma? ◯ Yes ◯ No

If yes, provide details:

3.4 Were you absent for more than 10 days in a row during your current or past academic year? ◯ Yes ◯ No

If yes, provide an explanation:

3.5 **a)** Full-time course load per term, semester or school year for course, grade or program

b) Number of hours per week you must attend for course, grade or program

3.6 **a)** Number of courses you are attending per term, semester or school year

b) When did your current attendance begin? YYYY-MM-DD

c) When will your current attendance end? YYYY-MM-DD

Section 3 – Declaration of Attendance – Complete this section after the start of your first day of classes (continued)

3.7 Have you applied for or are you receiving a CPP benefit as a result of the disability or death of a contributor not identified in section 1?

◯ Yes ◯ No **If yes**, provide the Canadian SIN of that contributor

3.8 How are you confirming your attendance at school or university to Service Canada?

◯ I attached a **proof of enrolment**.

◯ I had Section 5 completed by my school or university **after** the start of the first day of classes.

Section 4 – Attestation and signature – Sign and date this section after the start of your first day of classes

Your personal information is collected under the authority of the *Canada Pension Plan* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists the *Canada Pension Plan* as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow 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. Your personal information 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 *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes however, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *Canada Pension Plan* and *Old Age Security Act*.

Your personal information is administered in accordance with the *Canada Pension Plan*, the *Privacy Act*, the *Department of Employment and Social Development Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank (ESDC PPU 146). You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at: **www.canada.ca/infosource-ESDC**. *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada about the institution's handling of your personal information at: **www.priv.gc.ca/en/report-a-concern**.

I hereby declare that, to the best of my knowledge and belief, the information given above 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*.

I understand I must notify Service Canada should I **interrupt**, **terminate** or **reduce** my attendance at school or university.

I hereby authorize the above school or university to provide the *Canada Pension Plan* Administration with information regarding my enrolment and attendance.

I hereby authorize the *Canada Pension Plan* Administration to provide information regarding my enrolment and attendance with the above school or university.

Important note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

◯ I hereby apply for a Disabled Contributor's Child's Benefit. ◯ I hereby apply for a Surviving Child's Benefit.

Signature of student Date (YYYY-MM-DD)

Section 5 – Your school's authorized person must complete this section after the start of your first day of classes if you are unable to get a proof of enrolment from your student portal or registrar's office.

To the best of our knowledge and belief, the answers in Sections 2 to 4 above are correct unless otherwise stated below:

Additional comments:

Type of enrolment: ◯ Full-time ◯ Part-time

Does the course load meet or exceed the minimum requirement for the type of enrolment at your school or university?

◯ Yes ◯ No

Name and address of school or university	Name of authorized person	
	Signature	
	Title	
	Date (YYYY-MM-DD)	Telephone number

Mail your forms to:

International Operations
Service Canada
PO Box 250
Fredericton NB E3B 4Z6
Canada

Need help completing the forms?
Canada or the United States: **1-800-277-9914**
All other countries: **1-613-957-1954** (we accept collect calls)
TTY: **1-800-255-4786**
Important: Please have your Canadian SIN ready when you call.