Service Canada

PROTECTED B (when completed)

Application for Canada Pension Plan Child's benefits under the Agreement on Social Security between Canada and the Czech Republic

CZE-CAN 3

- Benefit for child age 18 to 25 and in full time attendance at school or university.
- The "Declaration of Attendance at School or University" on page 3 must be completed in support of this application.

In which language do you wish to receive your correspondence?

◯ English ◯ French

SECTION A - INFORMATION ABOUT THE CONTRIBUTOR

1A. Contributor's Canadian Social Insurance Number

1B. Sex ◯ Male ◯ Female

2. ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss

Given Name and Initial

Family Name

3. Contributor's Address (No., Street, Apt. No.)

City, Town or Village

Province or Territory

Country

Postal Code

For use by the Social Security Institution of the Czech Republic only

Date of receipt:

SECTION B - INFORMATION ABOUT THE CHILD OF THE CONTRIBUTOR

4A. Child's Canadian Social Insurance Number

4B. Sex ◯ Male ◯ Female

5. ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss

Given Name and Initial

Family Name

6. Home Address (No., Street, Apt. No.)

City, Town or Village

Province or Territory

Country

Postal Code

7. Mailing Address if Different from Home Address (No., Street, Apt. No., P.O. Box, R.R.)

City, Town or Village

Province or Territory

Country

Postal Code

8. Date of Birth (Please provide birth certificate) Year Month Day

For use by the Social Security Institution of the Czech Republic only

Verified by:

9A. Have you ever applied for or received a benefit from:

Canada Pension Plan? ◯ Yes ◯ No

Quebec Pension Plan? ◯ Yes ◯ No

9B. If "**Yes**" indicate under which Canadian Social Insurance Number

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

Canadian Social Insurance Number

10. Are you a natural or legally adopted child of the contributor?

☐ Yes ☐ No

If legally adopted, indicate date of adoption — Year Month Day

SECTION C - DECLARATION OF CHILD

11.

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

and declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize the social security institution of the country which is a Party to this Agreement to furnish to Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits.

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated. The SIN will also be used for income verification purposes with the Canada Revenue Agency to deliver better service to you, and minimize government duplication.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Human Resources and Skills Development Canada (HRSDC) will be unable to process your application.

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 HRSDC 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 (such as a decision on your entitlement to a benefit).

The information you provide may be shared within HRSDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of HRSDC 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. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank HRSDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: www.infosource.gc.ca. Info Source may also be accessed online at any Service Canada Centre.

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.

Signature of Applicant	Date of Application Year Month Day	Telephone Number (including area, city or regional code)

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

Date of Receipt Year Month Day	Eligibility Date Year Month Day	Date of Payment Year Month Day	Age A B T

Certified by:	Date	Verified by:	Date

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - INFORMATION ABOUT THE CONTRIBUTOR

1. Contributor's Canadian Social Insurance Number	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Contributor's Given Name and Initial	Family Name
2. Your Canadian Social Insurance Number	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Your Given Name and Initial	Family Name

3. Home Address	Home Address (No., Street, Apt. No.,R.R.)	City, Town or Village	
	Province or Territory	Country	Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt. No.,R.R.)	City, Town or Village	
	Province or Territory	Country	Postal Code

5A. Student ID Number	**5B.** Name of School, University, College, Junior College, Training Center, etc.

6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) ☐ Full Time ☐ Evening ☐ Other	**6B.** Number of Courses	**6C.** Enrolled In (Specify Course, Grade or Program)

7A Number of hours you are required to attend per week for course, grade or program. Hours per week	**7B** When did or will your current attendance begin? Year	Month	**7C** When will your current attendance end? Year	Month

8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.

9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in 1. Above? ☐ Yes ☐ No

Canadian Social Insurance Number of that Contributor

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I interrupt or terminate 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 enrollment and attendance.

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated. The SIN will also be used for income verification purposes with the Canada Revenue Agency to deliver better service to you, and minimize government duplication.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Human Resources and Skills Development Canada (HRSDC) will be unable to process your application.

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 HRSDC 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 (such as a decision on your entitlement to a benefit).

The information you provide may be shared within HRSDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of HRSDC 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. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank HRSDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: www.infosource.gc.ca. Info Source may also be accessed online at any Service Canada Centre.

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.

Signature of Student	Date of Application Year Month Day	Telephone Number (including area, city or regional code)

SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:
Additional comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? ☐ Yes ☐ No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number