



**Application for Canadian Old Age, Retirement and Survivors  
benefits under the Agreement on Social Security between  
Canada and the Republic of Slovenia**

SI-CAN 1

In which language do you wish to receive your correspondence?

☐ English ☐ French

**Please:**

- Read the enclosed guide
- Complete the unshaded areas only

**Section 1 - To be completed by all applicants**

**1.** Social Security Numbers of the contributor or applicant for an Old Age Security Pension  
Slovenian Social Security or Identification Number Canadian Social Insurance Number (SIN)

**2.** Indicate the benefits for which you wish to apply and submit the required documentation.

**A. Benefit based on residence in Canada after reaching age 18**

☐ **Old Age Security Pension**

**Complete:** Sections 1, 2, 3 and 7

**Submit:**

- a birth certificate

**Indicate:**

- date of birth

YYYY-MM-DD

- proof of the legal status of your residence in Canada at the time of your departure (Canadian citizenship card, immigration papers, etc.). **If you were born in Canada and lived there continuously until your departure, this proof is not required.**

- proof of the dates of your entry into and your departure from Canada (passports, visas, ship or airline tickets, etc.)

**B. Benefit based on contributions paid to the Canada Pension Plan since January 1966**

☐ **Retirement Pension**

**Complete:** Sections 1, 2, 4 and 7

**Submit:**

- a birth certificate

**Indicate:**

- date of birth

YYYY-MM-DD

☐ **Survivor's Pension**

☐ **Surviving Child's Benefit**

☐ **Death Benefit**

**Complete:** Sections 1, 2, 5, 6 (if necessary) and 7

**Submit\*:**

- a death certificate

**Indicate:**

- date of death

YYYY-MM-DD

- a birth certificate for the deceased contributor

- date of birth of the  
deceased contributor

YYYY-MM-DD

- a birth certificate for the survivor and each  
dependent child

- date of birth of the  
survivor

YYYY-MM-DD

- a marriage certificate

- date of marriage

YYYY-MM-DD

\* If applying for a Death Benefit only, submit the contributor's death and birth certificates only.

If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form SI-CAN 1 (DI) which is available on this website and from your nearest social security office.

Section 2 - General information about the contributor or applicant for an Old Age Security pension  
(To be completed by all applicants)

3. Optional:    ☐ Mr.   ☐ Mrs.   ☐ Miss   ☐ Ms.

4.    Given name and initial

Family name

Family name at birth

5.    Address (No., Street, Apt., RR)

City, town or village

Province or territory

Country

Postal code

6.    Mailing address:

☐ same as question 5 or

7.    Place of birth

8.    Name on the Social Insurance Number (SIN) card or on the confirmation of Canadian SIN letter

☐ same as question 4 or

9.    Indicate periods of residence and/or periods of employment in a country other than Canada.

| Name of Country | Social Security Number in that Country | Residence |       |      |       | Employment |       |      |       | Has a benefit been requested? |                       |
|-----------------|----------------------------------------|-----------|-------|------|-------|------------|-------|------|-------|-------------------------------|-----------------------|
|                 |                                        | From      |       | To   |       | From       |       | To   |       | Yes                           | No                    |
|                 |                                        | Year      | Month | Year | Month | Year       | Month | Year | Month |                               |                       |
|                 |                                        |           |       |      |       |            |       |      |       | <input type="radio"/>         | <input type="radio"/> |
|                 |                                        |           |       |      |       |            |       |      |       | <input type="radio"/>         | <input type="radio"/> |
|                 |                                        |           |       |      |       |            |       |      |       | <input type="radio"/>         | <input type="radio"/> |

10.    Since January 1<sup>st</sup>, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31<sup>st</sup>, 1958?

Contributor

Spouse or Common-law partner

☐ Yes   ☐ No

☐ Yes   ☐ No

11A. Marital status

☐ Single   ☐ Married   ☐ Common-Law   ☐ Separated   ☐ Divorced   ☐ Surviving spouse or common-law partner

11B. Spouse's or common-law partner's full name

11C. Spouse's or common-law partner's date of birth

YYYY-MM-DD

Section 3 - To be completed when applying for an Old Age Security pension  
(Otherwise, proceed to Section 4)

12.    When do you want your pension to start?

Important: Please read the information guide under "When to apply" before completing this section.

Select one only

☐ As soon as I qualify

☐ As of (indicate a date)    \_\_\_\_\_ YYYY-MM

Note: If you indicate a date, no payment will be made for any period before that date, even if you qualify before.

13.    If born outside Canada, give date and place of entry into Canada.

YYYY-MM-DD

Place of entry

SC ISP-5054-SVN (2024-01-01) E

2 / 6

14. Indicate the legal status of your residence in Canada at the time of your departure from Canada.

☐ Canadian Citizen

☐ Temporary Resident permit holder  
(formerly known as Minister's Permit)

☐ Permanent resident (formerly known as Landed Immigrant)

☐ Other (please specify)

15. List the places where you have lived from birth to the present. Do not include changes within the same city, town or village. (If more space is needed, provide the information on a separate sheet of paper.)

| From |       |     | To   |       |     | City, town or village | Province or State | Country |
|------|-------|-----|------|-------|-----|-----------------------|-------------------|---------|
| Year | Month | Day | Year | Month | Day |                       |                   |         |
|      |       |     |      |       |     |                       |                   |         |
|      |       |     |      |       |     |                       |                   |         |
|      |       |     |      |       |     |                       |                   |         |
|      |       |     |      |       |     |                       |                   |         |

16. Give name, address and telephone number of two persons, not related to you by blood or marriage, with whom we can confirm the facts of your residence in Canada.

| Name | Address | Telephone number<br>(including area, city or regional code) |
|------|---------|-------------------------------------------------------------|
|      |         |                                                             |
|      |         |                                                             |

17. Are you considered a resident of Canada for tax purposes?

☐ Yes ☐ No

If no, is your net world income for the year 2023 less than \$86,912 in Canadian dollars?  
(See the guide for more information)

☐ Yes ☐ No

Section 4 - To be completed when applying for a Canada Pension Plan retirement pension  
(Otherwise, proceed to Section 5)

18. When do you want your pension to start?

Important: Please read the information guide before completing this section.

☐ As soon as I qualify; or

☐ At the age of 65 (your pension will start the month after your 65<sup>th</sup> birthday); or

☐ As of (indicate date) \_\_\_\_\_

YYYY-MM

Section 5 - To be completed when applying for a Survivor's pension or a Death benefit  
(Otherwise, proceed to Section 6)

A. General Information about the applicant

19A. Optional: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

|                             |             |                      |
|-----------------------------|-------------|----------------------|
| 19B. Given Name and Initial | Family Name | Family Name at Birth |
|-----------------------------|-------------|----------------------|

|                                     |                       |                                                                         |
|-------------------------------------|-----------------------|-------------------------------------------------------------------------|
| 20. Address (No., Street, Apt., RR) | City, Town or Village | 21. Mailing Address:<br><input type="checkbox"/> same as question 20 or |
| Province or Territory               | Country               |                                                                         |

22. Applicant's relationship to the deceased contributor

|                                                                                                                                                                                                                                  |                                     |                                                                                    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|-------|
| Canadian Social Insurance Number                                                                                                                                                                                                 | <b>PROTECTED B (when completed)</b> |                                                                                    |       |
| <b>A. General Information about the applicant (continued)</b>                                                                                                                                                                    |                                     |                                                                                    |       |
| <b>23.</b> Is there an executor, administrator or legal representative of the estate of the deceased contributor?                                                                                                                |                                     |                                                                                    |       |
| <input type="radio"/> Yes If " <b>Yes</b> ", indicate whether:                                                                                                                                                                   |                                     |                                                                                    |       |
| <input type="radio"/> No                                                                                                                                                                                                         |                                     |                                                                                    |       |
| <input type="radio"/> Same as in questions 19B and 20 or                                                                                                                                                                         |                                     |                                                                                    |       |
| <input type="radio"/> As shown below                                                                                                                                                                                             |                                     |                                                                                    |       |
| Given name and initial                                                                                                                                                                                                           |                                     | Family name                                                                        |       |
| Address (No., Street, Apt., RR)                                                                                                                                                                                                  |                                     | City, town or village                                                              |       |
| Province or territory                                                                                                                                                                                                            |                                     | Country                                                                            |       |
|                                                                                                                                                                                                                                  |                                     | Postal code                                                                        |       |
| <b>B. Information about the survivor</b>                                                                                                                                                                                         |                                     |                                                                                    |       |
| <b>24.</b> Social Insurance Number in Canada                                                                                                                                                                                     |                                     | <b>25A.</b> Optional:                                                              |       |
|                                                                                                                                                                                                                                  |                                     | <input type="radio"/> Mr.                                                          |       |
|                                                                                                                                                                                                                                  |                                     | <input type="radio"/> Mrs.                                                         |       |
|                                                                                                                                                                                                                                  |                                     | <input type="radio"/> Miss                                                         |       |
|                                                                                                                                                                                                                                  |                                     | <input type="radio"/> Ms.                                                          |       |
| <b>25B.</b> Given name                                                                                                                                                                                                           |                                     | Family name                                                                        |       |
| <input type="checkbox"/> Same as in question 19B or                                                                                                                                                                              |                                     | <input type="checkbox"/> Same as in question 19B or                                |       |
|                                                                                                                                                                                                                                  |                                     | Family name at birth                                                               |       |
| <input type="checkbox"/> Same as in question 19B or                                                                                                                                                                              |                                     | <input type="checkbox"/> Same as in question 19B or                                |       |
| <b>26.</b> At the time of the contributor's death, were you residing with him or her?                                                                                                                                            |                                     | <b>27.</b> At the time of the contributor's death, were you married to him or her? |       |
| <input type="radio"/> Yes                                                                                                                                                                                                        |                                     | <input type="radio"/> Yes                                                          |       |
| <input type="radio"/> No                                                                                                                                                                                                         |                                     | <input type="radio"/> No                                                           |       |
| <b>Section 6 - To be completed when applying for a Surviving Child's benefit</b><br><b>(Otherwise, proceed to Section 7) Questions 29 and 30 to be completed only when the applicant is not the person named in question 19.</b> |                                     |                                                                                    |       |
| <b>28.</b> Full name of child                                                                                                                                                                                                    |                                     | Date of birth                                                                      |       |
|                                                                                                                                                                                                                                  |                                     | Year                                                                               | Month |
|                                                                                                                                                                                                                                  |                                     | Day                                                                                |       |
|                                                                                                                                                                                                                                  |                                     |                                                                                    |       |
|                                                                                                                                                                                                                                  |                                     |                                                                                    |       |
| <b>29A.</b> Optional:                                                                                                                                                                                                            |                                     |                                                                                    |       |
| <input type="radio"/> Mr.                                                                                                                                                                                                        |                                     |                                                                                    |       |
| <input type="radio"/> Mrs.                                                                                                                                                                                                       |                                     |                                                                                    |       |
| <input type="radio"/> Miss                                                                                                                                                                                                       |                                     |                                                                                    |       |
| <input type="radio"/> Ms.                                                                                                                                                                                                        |                                     |                                                                                    |       |
| <b>29B.</b> Given name and initial                                                                                                                                                                                               |                                     | Family name                                                                        |       |
|                                                                                                                                                                                                                                  |                                     |                                                                                    |       |
| <b>30.</b> Address (No., Street, Apt., RR)                                                                                                                                                                                       |                                     | City, town or village                                                              |       |
|                                                                                                                                                                                                                                  |                                     |                                                                                    |       |
| Province or territory                                                                                                                                                                                                            |                                     | Country                                                                            |       |
|                                                                                                                                                                                                                                  |                                     | Postal code                                                                        |       |

**Section 7 - To be signed by the applicant and, if the applicant signs with a mark, by a witness.****Note: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.****31. Declaration and signature**

I 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 *Old Age Security Act (OAS Act)* and 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*, section 15 of the *OAS 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 Employment and Social Development Canada (ESDC) 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 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 (such as a decision on your entitlement to a benefit).

The 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 *Canada Pension Plan*, the *OAS Act*, 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, of the *OAS Act* and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *OAS Act*, 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 ESDC PPU 146 (CPP) and Personal Information Bank ESDC PPU 116 (OAS). 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](http://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 the *Old Age Security Act*, 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 (YYYY-MM-DD) \_\_\_\_\_

Telephone Number (including area, city or regional code) \_\_\_\_\_

**Note: Signature by mark is acceptable if witnessed by any responsible person who must complete the declaration on the following page.**

**32. Declaration of witness**

I read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

\_\_\_\_\_  
**Signature of witness**\_\_\_\_\_  
Name of witness (please print)

Address of Witness

|                                          |
|------------------------------------------|
| <br><br><br><br><br><br><br><br><br><br> |
|------------------------------------------|

**TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA**

|                                          |                                                                                                                                                                                                                                           |                                     |                                                                                            |                                                                                                                                    |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date - OAS<br>(YYYY - MM - DD) | Effective Date - CPP<br>(YYYY - MM - DD)                                                                                                                                                                                                  | Date of receipt<br>(YYYY - MM - DD) | Age<br>A B T<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Residence Status<br>X Y Z O<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Payment Date - OAS<br>(YYYY - MM - DD)   | Payment Date - CPP<br>(YYYY - MM - DD)                                                                                                                                                                                                    | Elective Date<br>(YYYY - MM - DD)   | Residence<br>(Transitional Rules)<br>3 (1) (b) 3 (1) (c)                                   | Residence<br>3 (1.1)                                                                                                               |
| Aggregate                                | I certify that the applicant is eligible to receive the benefit(s) indicated as of the date(s) shown and that the benefit(s) is (are) payable under the provisions of the <i>Old Age Security Act</i> or the <i>Canada Pension Plan</i> . |                                     |                                                                                            |                                                                                                                                    |
| Rounded Down                             | Certified by:                                                                                                                                                                                                                             |                                     | Date (YYYY - MM - DD)                                                                      |                                                                                                                                    |
|                                          | Verified by:                                                                                                                                                                                                                              |                                     | Date (YYYY - MM - DD)                                                                      |                                                                                                                                    |

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

Disponible en français