Service Canada

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PROTECTED B (when completed)

ALB - CAN 1

Agreement on Social Security between Canada and the Republic of Albania
Application for Canadian Old Age Security, Retirement and Survivor Benefits

Preferred language? ◯ English ◯ French

SECTION 1 – To be completed by all applicants

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

1.1 Social security numbers of the applicant for Old Age Security or Canada Pension Plan retirement pensions, or of the deceased contributor for survivor benefits

Albanian social security or identification number	Canadian Social Insurance Number (SIN)

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

Benefit based on residence in Canada after reaching age 18

☐ **Old Age Security pension**

You must complete sections 1, 2, 3 and 8, and provide the document(s) indicated below:

		YYYY-MM-DD
✔ Your birth certificate	Indicate your date of birth:	

✔ 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.

Benefits based on contributions paid to the Canada Pension Plan since January 1966

☐ **Canada Pension Plan retirement pension**

You must complete sections 1, 2, 4, 5 and 8, and provide the document indicated below:

		YYYY-MM-DD
✔ Your birth certificate	Indicate your date of birth:	

☐ **Canada Pension Plan survivor's pension**

You must complete sections 1, 2, 4, 6, and 8, and provide the document(s) indicated below:

		YYYY-MM-DD
✔ A death certificate	Indicate the date of death:	
✔ A birth certificate for the deceased contributor	Indicate the date of birth of the deceased contributor:	
✔ A birth certificate for the survivor and each dependent child	Indicate the date of birth of the survivor:	
✔ A marriage certificate	Indicate the date of marriage:	

☐ **Canada Pension Plan death benefit**

You must complete sections 1, 2, 4, 6 and 8, and provide the document(s) indicated below:

		YYYY-MM-DD
✔ A death certificate	Indicate the date of death:	

☐ **Canada Pension Plan surviving child's benefit**

You must complete sections 1, 2, 4, 6, and 8, and provide the document(s) indicated below:

		YYYY-MM-DD
✔ A death certificate	Indicate the date of death:	
✔ A birth certificate for the deceased contributor	Indicate the date of birth of the deceased contributor:	

Note: If you wish to apply for a Canada Pension Plan disability benefit, please complete form ALB-CAN 1 (DI) which is available on the Service Canada website and from your nearest social security office.

Canadian SIN:

SECTION 2 – General information about the Canada Pension Plan contributor or the Old Age Security pension applicant (to be completed by all applicants)

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

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

2.2 First name	Last name	Last name at birth

2.3 Home address (number, street, apt., RR)		City, town or village
Province or territory	Country	Postal code

2.4 Mailing address if different from above

Address (number, street, apt., PO Box, RR)		City, town or village
Province or territory	Country	Postal code

2.5 Place of birth

2.6 Name on the Canadian SIN card or on the confirmation of Canadian SIN letter if different from question 2.2.

2.7 Marital status

◯ Single ◯ Married ◯ Common-law

◯ Separated _____ as of (YYYY-MM) ◯ Divorced _____ as of (YYYY-MM) ◯ Surviving spouse or common-law partner

2.8 Full name of spouse or common-law partner	**2.9** Date of birth of spouse or common-law partner
	_____ YYYY-MM-DD

2.10 Canadian SIN of spouse or common-law partner

SECTION 3 – To be completed when applying for an Old Age Security pension

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

3.1 When do you want your Old Age Security pension to start? (select one only)

◯ As soon as I am eligible

◯ As of (YYYY-MM) _____

3.2 If you were born outside Canada, indicate:

Date you first entered Canada:

_____ YYYY-MM-DD | Place of entry

What type of immigration document did you have when you entered?

◯ Temporary resident permit ◯ Visitor visa ◯ Work permit ◯ Student permit

◯ Permanent resident (or Landed Immigrant) ◯ Other

Specify: _____

3.3 Indicate your current legal status or your legal status at the time of your departure from Canada.

◯ Canadian citizen ◯ Permanent resident (formerly known as Landed Immigrant)

◯ Status Indian ◯ Other (example: temporary residence, student, temporary worker)

Specify: _____

3.4 List all the countries, including Canada, where you have resided since birth. ANNEX A

From YYYY-MM-DD	To YYYY-MM-DD	Country	Have you also worked in this country?	Have you applied for a benefit from this country?	Your insurance or identification number in this country
			◯ Yes ◯ No	◯ Yes ◯ No	
			◯ Yes ◯ No	◯ Yes ◯ No	
			◯ Yes ◯ No	◯ Yes ◯ No	
			◯ Yes ◯ No	◯ Yes ◯ No	

3.5 Certain absences from Canada may be included as residence in Canada (example, military or diplomatic service, studying abroad, employment with an international agency or Canadian corporation, missionary work etc.).
Tell us about the nature of those absences.

SECTION 3 – To be completed when applying for an Old Age Security pension (continued)

3.6 If you are not a resident of Canada for tax purposes, is your net world income for the year 2025 more than CAD 93,454?

◯ Yes ◯ No ◯ Not applicable

SECTION 4 – To be completed when applying for a Canada Pension Plan pension

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

4.1 Children born after 1958

List all children born after December 31, 1958.

ANNEX B

Child's full name	Child's Canadian SIN	Child's date of birth YYYY-MM-DD	If the child was born outside Canada, tell us the date the child entered Canada YYYY-MM-DD

Were you the primary caregiver for these children from birth until age 7? ◯ Yes ◯ No

If no, list any periods of time where you were not the primary caregiver and provide a reason:

From (YYYY-MM) _____ To (YYYY-MM) _____ From (YYYY-MM) _____ To (YYYY-MM) _____

Reason: _____ Reason: _____

Did you or your spouse or common-law partner (or the deceased Canada Pension Plan contributor and his or her spouse or common-law partner) receive Family Allowance or Canada Child Tax Benefit payments for these children?

◯ Yes ◯ No

If yes, indicate who received the benefits:

◯ Contributor ◯ Spouse or common-law partner

List any periods of time while the children were under the age of 7 and when you did **not** receive Family Allowance or Canada Child Tax Benefit payments and provide a reason. Do not list periods of time when you were eligible for the Canada Child Tax Benefit but did not receive it because your family income was too high.

From (YYYY-MM) _____ To (YYYY-MM) _____ From (YYYY-MM) _____ To (YYYY-MM) _____

Reason: _____ Reason: _____

SECTION 4 – To be completed when applying for a Canada Pension Plan pension (continued)

4.2 Waiver of rights to the child-rearing provision

To be completed only by the person who received Family Allowance payments under the *Family Allowances Act* and who wishes to waive all rights to the child-rearing provision in favour of the spouse who remained at home and who was the primary caregiver for the child(ren).

I declare that, for the child(ren) indicated in question 4.1, I have not and will not make any claims for the child-rearing provision for the period(s) accredited to my spouse.

Name

Canadian SIN

Signature

Date (YYYY-MM-DD)

Telephone number during the day

SECTION 5 – To be completed when applying for a Canada Pension Plan retirement pension

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

5.1 When do you want your retirement pension to start? (select one only)

◯ As soon as I am eligible

◯ At the age of pension (the pension will start the month after your 65th birthday)

◯ As of (YYYY-MM) _____

5.2 List all the countries where you have lived or worked other than Canada. ANNEX C

From YYYY-MM-DD	To YYYY-MM-DD	Country	Your insurance or identification number in this country	Have you applied for a benefit from this country?
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No

SECTION 6 – To be completed when applying for a survivor's pension or a death benefit

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

Deceased contributor information

6.1 List all the countries where the deceased contributor has lived or worked other than Canada. ANNEX D

From YYYY-MM-DD	To YYYY-MM-DD	Country	Did the deceased live and/or work in this country?	The deceased's insurance or identification number in this country	Have you applied for a benefit from this country?
			◯ Lived ◯ Worked ◯ Both		◯ Yes ◯ No
			◯ Lived ◯ Worked ◯ Both		◯ Yes ◯ No
			◯ Lived ◯ Worked ◯ Both		◯ Yes ◯ No
			◯ Lived ◯ Worked ◯ Both		◯ Yes ◯ No

Applicant information

6.2 Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

6.3 Canadian SIN:

6.4 First name | Last name | Last name at birth

6.5 Home address (number, street, apt., RR) | City, town or village

Province or territory | Country | Postal code

6.6 Mailing address if different from above

Address (number, street, apt., PO Box, RR) | City, town or village

Province or territory | Country | Postal code

6.7 Applicant's relationship to the deceased contributor

SECTION 6 – To be completed when applying for a survivor's pension or a death benefit (continued)

6.8 a) Is there an executor, administrator or legal representative of the estate of the deceased contributor?

◯ Yes, select one: ◯ No (complete section b)

◯ Same name and address as questions 6.4 and 6.5 or

◯ As shown below

First name	Last name	
Address (number, street, apt., RR)		City, town or village
Province or territory	Country	Postal code

b) Was there a person responsible for the funeral expenses?

◯ Yes (you must submit the funeral contract or funeral receipts)

◯ No

Survivor information

6.9 Canadian SIN ☐ Same as question 6.3

6.10 Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

6.11

First name	Last name	Last name at birth
☐ Same as question 6.4	☐ Same as question 6.4	☐ Same as question 6.4

6.12 At the time of the contributor's death, were you residing with him or her? ◯ Yes ◯ No

6.13 At the time of the contributor's death, were you married to him or her? ◯ Yes ◯ No

6.14 If you were the common-law partner of the deceased, when did you start living together?

_____
YYYY-MM-DD

6.15 Were you still living together at the time of your common-law partner's death?

◯ Yes ◯ No

If yes and you were the common-law partner of the deceased, please obtain and complete the form titled "Statutory Declaration of Common-law Union" and return it with this application.

SECTION 7 – To be completed when applying for a surviving child's benefit (include a birth certificate for each child). Questions 7.3 and 7.4 to be completed only when the applicant is not the person named in question 6.4.

Important: Please read the reference guide before completing this section. ISP-5054A-ALB

ANNEX E

7.1 a) Child's usual first name and initial | Last name

Date of birth (YYYY-MM-DD) | Canadian SIN

Is the child a:

◯ child of your deceased spouse or common-law partner ◯ legally adopted child of your deceased spouse or common-law partner ◯ other (explain circumstances) _____

b) Child's usual first name and initial | Last name

Date of birth (YYYY-MM-DD) | Canadian SIN

Is the child a:

◯ child of your deceased spouse or common-law partner ◯ legally adopted child of your deceased spouse or common-law partner ◯ other (explain circumstances) _____

7.2 Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.

7.3 First name | Last name

7.4 Address (number, street, apt., RR) | City, town or village

Province or territory | Country | Postal code

7.5 Have you been wholly or substantially maintaining all of the children listed in question 7.1 since the death of your spouse or common-law partner?

◯ Yes ◯ No (please explain)

_____

SECTION 8 – Declaration and signature of the applicant

I declare that the information on 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* (CPP) and will be used to determine your eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, section 18 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, 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. 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 nongovernmental third parties for the purpose of administering the CPP, the OAS program, 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 governments of other countries in accordance with agreements for the reciprocal administration or operation of foreign pension programs, of the OAS Act and of the CPP.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act*, the OAS Act, the CPP, the *Privacy 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 (CPP), Personal Information Bank ESDC PPU 116 (OAS) and Personal Information Bank ESDC PPU 175 (International Social Security). Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available online at **www.canada.ca/en/employment-social-development/corporate/transparency/access-information**. *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 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.

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	Telephone number
	YYYY-MM-DD	
		Alternate telephone number

SECTION 8 – Declaration and signature of the applicant (continued)

If you, the applicant, or your spouse or common-law partner signed with a mark (e.g. X), the mark must be made in the presence of a witness and the following section must be completed.

☐ I am acting as witness

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

☐ I am signing on behalf of the applicant

☐ I am signing on behalf of the applicant's spouse or common-law partner

I declare that the information on this application is true and complete. I also declare that I have read and agree to the terms and conditions outlined in Section 8.

Signature of witness or authorized person Date (YYYY-MM-DD)

Full name of witness or authorized person	Relationship to applicant

Mailing address (number, street, apt., PO Box, RR)

City, town or village	Province or territory	Country	Postal code

Note: If you are applying on behalf of the applicant or the applicant's spouse or common-law partner, you must provide proof that you are authorized to act on their behalf (for example, power of attorney or authorization for trusteeship).

Mail your forms to:

International Operations
Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
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.

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