Service Canada

Information and Instructions
Canada Pension Plan Disability Benefits Application

What are the Canada Pension Plan (CPP) disability benefits?

The **CPP disability benefit** and the **CPP post-retirement disability benefit** are taxable monthly payments available to people who have made contributions to the CPP, are under age 65 and are not able to work regularly at any job because of a disability.

The **CPP disability benefit** is intended for individuals who are not receiving a CPP retirement pension, and the **CPP post-retirement disability benefit** is intended for individuals who become disabled after they begin to receive a CPP retirement pension (Effective January 1, 2019).

Important: You cannot receive a CPP retirement pension and a CPP disability benefit (except the CPP post-retirement disability benefit) at the same time.

If you are approved for a CPP disability benefit, you are giving Service Canada your consent to cancel your CPP retirement pension in order to receive the CPP disability benefit by signing this application.

A benefit may also be available to their children.

How do I qualify for CPP disability benefits?

To qualify for CPP disability benefits, 3 conditions must be met:

1. **You must be under the age of 65.**

2. **You must have made the minimum amount of valid CPP contributions.**

   Contributions to the CPP are made while you are working.

   Service Canada will review your contribution history to determine if you have made the minimum amount of valid CPP contributions to qualify for **CPP disability benefits**.

   The disability benefit amount you could qualify for is based on how long and how much you contributed to the CPP plus a flat rate. The post-retirement disability benefit is the flat rate component of the CPP disability benefit.

   The information you provide in **Sections A and B** along with the information on your account will help us determine if you have made the minimum amount of valid contributions to the CPP.

3. **You must have a mental or physical medical condition(s) that prevents you from regularly working at any job**. **The medical condition(s) must be found to be both severe and prolonged** when you last met the minimum amount of valid CPP contributions to qualify, and you must have been unable to work continuously since then.

   For the CPP:

   - **Severe** means that you have a mental and/or physical disability that regularly stops you from doing any type of substantially gainful work.
   - **Substantially gainful work or occupation** is considered to be any profession or work one might pursue to earn a living. If the total amount of earnings from this work is more than 12 times the maximum monthly CPP disability benefit amount, a person is normally considered to be doing substantially gainful work.
   - **Prolonged** means that the disability is long-term and of indefinite duration **or** is likely to result in death.

   Service Canada will review the information you provide in **Sections C, D and E** along with the medical information we receive from your doctor, nurse practitioner, insurance company or provincial/territorial agency. This will help us determine how your medical condition(s) impacts your capacity to perform work-related activities.

Symbols used in this application

Read this carefully | Attach an extra sheet if needed | Where to get help | Scan to go to My Service Canada Account (MSCA):

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

If you have been diagnosed with a terminal illness

If you have been diagnosed with a terminal illness by your doctor or nurse practitioner, you can fill out the **Terminal Illness Application for Disability benefits under the Canada Pension Plan (ISP2530)**.

It is available in two formats:

Online: Go to **www.canada.ca/msca**;

Paper or fillable form: Go to **www.canada.ca/esdc-forms**.

Service Canada will make a decision on your disability application within 5 business days of receiving a complete Terminal Illness Application.

If you have contributed to the Quebec Pension Plan

The CPP operates throughout Canada, except in Quebec, where the Quebec Pension Plan (QPP) provides similar benefits.

If one of the following applies to you, please contact Retraite Québec.

- You worked in Quebec only.
- You worked in Quebec and at least one other province/territory and currently live in Quebec.
- You worked in Quebec and at least one other province/territory, you currently live outside of Canada, and your last province of residence in Canada was Quebec.

Information can be found at **www.retraitequebec.gouv.qc.ca/en.**

If you have contributed to both the CPP and QPP, you must apply for the QPP if you live in Quebec or for the CPP if you live in another province or territory in Canada.

If you need time to complete the application

Past applicants have reported that it takes time to complete the application. Some have suggested that it was easier to complete it in multiple sittings. You may want to consider filling out one section at a time with breaks in between. Read each section carefully, as some parts may not apply to you.

You must keep in mind that the date Service Canada receives your application is important as it could affect when your benefit starts.

If you need more information to complete the application

The information and instructions you will need to apply for a CPP disability benefit can be found in this application. You can also find more information about the benefit online at **www.canada.ca/cpp-disability**. If you cannot find the information you are looking for or have any questions, contact Service Canada at our toll-free numbers.

In Canada or the United States: 1-800-277-9914 TTY: 1-800-255-4786
From all other countries: 613-957-1954 (we accept collect calls)

Please have your Social Insurance Number ready when you call.

If you need help

You can give permission to another person to give or receive information from Service Canada on your behalf. To give permission, you must complete the Consent to Communicate Information to an Authorized Person (ISP1603) form. It is available in two formats:

Online: Go to **www.canada.ca/msca**;

Paper or fillable form: Go to **www.canada.ca/esdc-forms**.

This consent does not provide authority for the person to apply for benefits on your behalf, change your payment address, or request/change a tax withhold.

If you wish to have someone act on your behalf or you are no longer capable of managing your own affairs, you can appoint a **legal representative**.

See page 19 of this application for more information on **legal representatives**.

What we need from you

1. **An application for Canada Pension Plan disability benefits (ISP1151)**

   The **CPP disability benefits** application is available in two formats:

   Online: Go to **www.canada.ca/msca**;

   Note: If you are applying online, you will be required to complete the **Consent for Service Canada to Collect Personal Information form (ISP2502)**.

   Paper or fillable form: Go to **www.canada.ca/esdc-forms**.

   Note: You can save the fillable form to your computer, but you cannot submit it electronically.

   If you are choosing to fill this application on a **paper or fillable format**, be sure to:

   - include your Social Insurance Number at the top of each page;
   - answer the questions with as much details as possible;
   - sign all areas that require your signature using a pen;
   - mail or drop-off your application to a Service Canada Office near you. For a list of addresses, refer to the next page of this application;
   - include the information on a blank sheet and attach it to the application, if you need more space. Include your Social Insurance Number at the top of each page **and** specify the question number before writing the additional information.

2. **A medical report**

   If you **are** currently receiving a disability benefit from an insurance company or a provincial/territorial agency:

   - you can ask them to send us your most current medical report(s).

   If you are **not** currently receiving a disability benefit from an insurance company or a provincial/territorial agency:

   - complete **Sections 1 and 2** of the **Medical Report for Canada Pension Plan Disability Benefits (ISP2519)**.
   - write/type your Social Insurance Number at the top of each page.
   - sign all areas that require your signature.
   - ask your doctor or nurse practitioner to complete **Sections 3 to 9** and ask them to mail it to the nearest Service Canada office.

DO NOT WAIT for your doctor or nurse practitioner to complete the **Medical Report** before sending your completed application to Service Canada. The date Service Canada receives your application could affect when your benefit starts.

Service Canada will help you pay for the cost of the **Medical Report** by paying up to $175.00 directly to your doctor or nurse practitioner. Any money owing over this amount is your responsibility.

If your doctor or nurse practitioner returns the **Medical Report** to you, you can sign in to your MSCA to upload it, send it to us by mail, or drop it off at a Service Canada office.

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

If you have any questions, 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.

Disponible en français

Canada

Application for Canada Pension Plan Disability Benefits

Section A - Information about you

(A1) Social Insurance Number	Preferred language ◯ English ◯ French	**FOR OFFICE USE ONLY** Date Stamp
Optional: ◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms.		
First name / Middle name / Last name(s)		
Date of birth (YYYY-MM-DD)	Last name at birth (if different from above)	

Home address (no, street, apt, RR), City/Town, Province/Territory, Country (if not Canada), Postal code

Mailing address (if different from home address)
(no, street, apt., PO box, RR), City/Town, Province/Territory, Country (if not Canada), Postal code

If you now live outside of Canada, in which Canadian province/territory did you last live?	Telephone number	Alternate telephone number

The best time for Service Canada to call you ◯ Morning ◯ Afternoon ◯ Please don't call, send letters only

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)

(A2) Have you or your children ever applied for or received benefits under the Quebec Pension Plan? ◯ Yes ◯ No

Section B - Contributions to the Canada Pension Plan (CPP)

To help you meet the minimum amount of valid CPP contributions, Service Canada may consider certain provisions and/or agreements.

The information you provide in **B1 to B3** will help us determine if any of the provisions or agreements apply to you.

(B1) Dividing CPP contributions - Credit split provision

If you have been separated, divorced or in a common-law relationship that ended, the CPP contributions you and your former spouse or common-law partner made to the CPP during the time you lived together could be combined and equally divided.

We will review the information you provide below and let you know if a credit split could help you qualify for a CPP disability benefit.

What is your current status: ◯ Single ◯ Common-law ◯ Divorced ◯ Married ◯ Separated ◯ Surviving spouse or common-law partner

If you are currently, or have ever been separated, divorced or in a common-law relationship that ended, please provide us with the dates you started and stopped living with your former spouse or former common-law partner.

Date you started to live with your former spouse or common-law partner (YYYY-MM)	Date of separation or end of common-law relationship (YYYY-MM)

For additional periods, please attach an extra sheet.

You can choose to apply for CPP Disability benefits online through **My Service Canada Account** (MSCA).

B2 Living or working in another country - International social security agreements

If you have **lived** and/or **worked** in a country other than Canada, the credits you have accumulated in that country may help you qualify for a CPP disability benefit.

If Canada has an international social security agreement with the country(ies) you have indicated below, we will verify if it will help you qualify for a CPP disability benefit.

Have you ever lived or worked in another country? ◯ Yes ◯ No

If **Yes,** please fill out this table to help us determine if an international social security agreement could help you qualify for a CPP disability benefit.

Name of Country	Your social identification number in that country	Dates lived in that country From (YYYY-MM)	Dates lived in that country To (YYYY-MM)	Dates worked in that country From (YYYY-MM)	Dates worked in that country To (YYYY-MM)	Have you asked for or received benefits from that country?
1.						◯ Yes ◯ No
2.						◯ Yes ◯ No

For additional countries, please attach an extra sheet.

? **Note:** Your CPP contributions may also help you qualify for a benefit or pension from that country. For more information on international benefits go to **www.canada.ca/pension-international**.

B3 If you worked less to care for young children - Child rearing provision

If you worked less or stopped working because you were the primary caregiver for one or more children under the age of 7, you may have contributed little or nothing to the CPP. For this reason, we may be able to apply the child rearing provision. This could help you meet the minimum amount of valid CPP contributions needed to qualify for a disability benefit, and/or could increase the benefit amount you receive.

For the CPP, the **primary caregiver** is the person who is/was most responsible for the daily needs of the child(ren) until the age of 7. Some things a primary caregiver does are: watch over the child(ren), prepare meals, go to school meetings and events, or take the child(ren) to doctors appointments.

To qualify for the child rearing provision, you must have been the primary caregiver and:

1. received the Family Allowance (available before 1993); and/or
2. been eligible for the Canada Child Benefit, even if you did not receive it (available since 1993).

Note: Only one person can be the primary caregiver at any time. Therefore, this provision can only be applied to one account for the same time period and child(ren).

Please provide your child(ren)'s information below, **regardless of their current age.**

Child's full name	Social Insurance Number	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)
1.			
2.			
3.			
4.			

For additional children, please attach an extra sheet.

Note: If you do not provide the Social Insurance Number of the child(ren) and/or the child(ren) was born outside of Canada, Service Canada will require a copy of an acceptable document confirming the child(ren)'s date of birth (i.e. birth certificate) and/or proof of the child(ren)'s date of entry into Canada (e.g. IMM 1000 or passport). Service Canada may request an original or certified copy at any time.

A) Were you the primary caregiver for these children when they were under the age of 7? ◯ Yes ◯ No

B) If there were periods of time when you were not the primary caregiver for the child(ren) listed, please provide the dates and reasons:

From (YYYY-MM)	To (YYYY-MM)	Reason:
From (YYYY-MM)	To (YYYY-MM)	Reason:

? To help you determine how to complete the following questions, please see **Annex A** at the end of the application.

C) Did you or your current/former spouse or common-law partner receive the Family Allowance? ◯ Yes ◯ No

If **Yes**, please indicate who received the benefit:
- ◯ You
- ◯ Your current/former spouse or common-law partner

Did you or your current/former spouse or common-law partner receive, or were either of you eligible for the Canada Child Benefit? ◯ Yes ◯ No

If **Yes**, please indicate who received or was eligible for the benefit:
- ◯ You
- ◯ Your current/former spouse or common-law partner

D) If there were periods when you did not receive the Family Allowance or the Canada Child Benefit for the child(ren) listed above, please provide the dates and reasons:

From (YYYY-MM)	To (YYYY-MM)	Reason:
From (YYYY-MM)	To (YYYY-MM)	Reason:

E) Please read this section if you were the primary caregiver, but did not receive the Family Allowance (available before 1993).

The child rearing provision cannot be applied to both you and your current/former spouse or common-law partner's CPP benefit(s) for a child for the same time period.

If you were the primary caregiver, but did not receive the Family Allowance, we would not be able to apply this provision to your CPP benefit(s). However, your current/former spouse or common-law partner can choose to transfer their rights to the provision to you. They can do this by signing the waiver of rights below.

Waiver of rights to the child rearing provision

I declare that, for the child(ren) listed for this question and on any additional sheets, I have not and will not make any claims for the child rearing provision for the period(s) accredited to my current/former spouse or common-law partner. Once I give up my rights to the child rearing provision, the action cannot be reversed.

Name	Social Insurance Number	Telephone number during the day
Signature		Date (YYYY-MM-DD)

This is the end of the section of the application we are using to assess your contributions to the CPP.

Service Canada will review the information you provide in the next section along with the medical information provided by your doctor, nurse practitioner, insurance company or provincial/territorial agency. This will help us determine how your medical condition(s) impacts your capacity to perform work-related activities.

Section C - Information about your medical condition(s)

The information you provide in this section will help Service Canada understand how your medical condition(s) impact(s) your ability to perform work-related activities.

C1 When did you feel you could no longer work because of your medical condition(s)? Date (YYYY-MM)

This date is not always the same as the last day you went to work. It could be before or after you actually stopped working.

C2 a) State your main medical condition(s) that prevents you from working. If you do not know the medical name(s), describe in your own words.

b) List any additional medical conditions that prevent you from working.

C3 a) I am: ◯ right-handed ◯ left-handed

b) List any aids you use to assist with your medical condition(s) and how often you use them. Some examples of aids include: crutches, cane, artificial limb, splints, braces, wheelchair, hearing aid, heart pacemaker, ostomy apparatus, CPAP or service animal.

C4 Provide the details of any hospitalizations you have had in the past related to your medical condition(s).

Name of hospital	City/Town	Province/Territory	Country (if not Canada)

Date admitted (YYYY-MM-DD)	Date discharged (YYYY-MM-DD)	Name of attending physician

Reason for admission:

For additional hospitalizations, please attach an extra sheet.

C5 List any medication(s) you are taking now.

A printout of your medication from a pharmacy can be attached instead.

Name of medication	Dosage	How often
1.		
2.		
3.		

C6 List past, current and future **treatments** for your medical condition(s).

Type of treatment	From (YYYY-MM)	To (YYYY-MM)	Where the treatment was/will be received
1.			
2.			
3.			

List past, current and future **tests** for your medical condition(s).

Type of test	Date (YYYY-MM)	Hospital/clinic and city where test was/will be done
1.		
2.		
3.		

For additional treatments or tests, please attach an extra sheet.

C7 If you are receiving any disability benefits from an insurance company or a provincial/territorial agency, including a workers' compensation program, please provide details in the table below.

Name of insurance company, provincial/territorial agency	Claim number	Medical condition	Start of benefit (YYYY)
1.			
2.			

For Service Canada to receive your medical information from your insurance company or provincial/territorial agency you **must** contact them and ask them to send it to us. If we receive the medical information from them, you will **not** need to submit the Medical Report for a Canada Pension Plan Disability Benefit (ISP2519).

Have you contacted the insurance company or the provincial/territorial agency to authorize them to send us your medical information?

◯ Yes ◯ No

Reimbursement of benefits to an insurance company or a provincial/territorial agency

Service Canada may find that you qualified for a CPP disability benefit when you were receiving benefit payments from a private insurance company or a provincial/territorial agency. If we owe you a retroactive payment (up to 11 months) you may have to pay back the benefits you received from those organizations during that time.

Service Canada can reimburse a private insurance company or a provincial/territorial agency on your behalf. In order to do this, we need your written consent. The insurance company or a provincial/territorial agency will ask you to sign a consent form to allow us to pay them directly. If you choose not to do this, it is your responsibility to inform them.

C8 Functional assessment - assessing your abilities

In question C2, we asked you to state the medical condition(s) that prevents you from working regularly. With these next questions, we would like you to tell us **how** the medical condition(s) affects your ability to work. The answers and additional information you provide will be considered along with the medical information provided by your doctor, nurse practitioner, insurance company or provincial/territorial agency.

As you are answering the questions, think about all of your physical and mental limitations, regardless of what medical problem is causing them. Focus on what you can do, not how you feel.

Next, think about what it means to be a worker. All jobs are different, but working means you must be able to:

- get hired or create your own job;
- get ready for work;
- travel to and from work;
- deal with co-workers and clients;
- deliver a quality product or service; and
- follow a work schedule set by your employer and/or clients.

Then, compare your limitations to the demands of work, and provide your ratings on the next few pages based on your ability level most days. Assume you are using your aids such as crutches, cane, artificial limb, splints, braces, wheelchair, hearing aid, service animal or adaptive computer equipment.

If you do not have any limitations with the abilities being assessed, you can check the box at the top of each question block.

If you have any additional information about your abilities, you can provide the details in the area following each question block. The following examples could help you with the explanation/information you may want to provide in these areas.

Examples

Physical abilities
It is very difficult for me to remain standing for more than 10 minutes at any given time because of my back pain, even on my good days (one or two days a week). Up until a year ago, I was able to do this without a problem. I am most comfortable lying down. Hot baths help, but only briefly.

Behaviours and emotional abilities
In the last few months, my depression has gotten worse. I have a hard time getting myself out of bed most mornings (four to six days a week) because I feel so down. I find myself crying for no reason and I am often irritable with others. On my good days, I can spend some time with other people, but on my bad days, I cannot get myself to leave my home. I stopped volunteering for my son’s hockey league because it’s too hard being around others.

Communication and thinking abilities
In the last year, my fibromyalgia has made it very hard to sleep at night. On my good days (one or two days a week), I am able to sleep up to four hours, but on my bad days, I cannot sleep at all. Medications for pain and sleep leave me drowsy and “spacey” the next day. Because of this, I have a lot of difficulty organizing my thoughts and finding my words when I talk to others. I cannot concentrate on what I am supposed to do most of the time. I used to read novels for pleasure, but now I can’t focus my attention for more than a couple of pages.

Other daily abilities
Starting last year, my fatigue has been overwhelming. I used to constantly be “on the go” running my home-based bookkeeping business, seeing new clients and driving my kids to sports and other activities. That ended when my condition flared and I had to let go of all my clients because I couldn’t keep up. Now, I am unable to finish doing household chores without having to sit or lie down every half hour. Even washing myself has become too hard. I cannot hold my arms up long enough to finish washing my hair because I get so tired.

A) Physical abilities

☐ Check this box if you **do not** have **physical problems** that limit your ability to work. Otherwise, please answer the questions below by filling in the circles.

How would you rate your ability to do the following?	Ability level most days				
	Excellent	Very good	Good	Fair	Poor
1. Remain on your feet for at least 20 minutes	○	○	○	○	○
2. Walk a block (about 100 metres) on flat ground	○	○	○	○	○
3. Go up and down 12-15 steps	○	○	○	○	○
4. Get down into a kneeling or squatting position and back up again	○	○	○	○	○
5. Bend down to pick up coins from the floor	○	○	○	○	○
6. Remove an item from your back pocket	○	○	○	○	○
7. Change a light bulb in the ceiling above your head	○	○	○	○	○
8. Sit for at least 20 minutes in a straight back chair	○	○	○	○	○
9. Transfer to and from a bed, chair, toilet, or car	○	○	○	○	○
10. Drive a car	○	○	○	○	○
11. Pull or push a heavy door to open it	○	○	○	○	○
12. Pick up two bags of groceries and walk a block (about 100 metres)	○	○	○	○	○
13. Open a can with a manual can opener	○	○	○	○	○
14. Pound a nail with a hammer	○	○	○	○	○
15. Use your index finger to press the keys on a computer keyboard	○	○	○	○	○
16. Stare at a computer screen for at least 20 minutes	○	○	○	○	○

If you have any additional information about your **physical abilities**, please provide details below.

Consider:

(1) whether your abilities vary between **good days and bad days;** and,
(2) whether your abilities have **improved or worsened over time**.

See page 6 of this application for an example of how to respond.

If additional space is needed, please attach an extra sheet.

B) Behaviours and emotional abilities

☐ Check this box if you **do not** have **behavioural and emotional problems** that limit your ability to work. Otherwise, please answer the questions below by filling in the circles.

How would you rate your ability to do the following?	Ability level most days				
	Excellent	Very good	Good	Fair	Poor
1. Work in a team	○	○	○	○	○
2. Change your usual work approach when asked to do so	○	○	○	○	○
3. Keep at difficult tasks until you get them done	○	○	○	○	○
4. Adjust easily to unexpected changes	○	○	○	○	○
5. Figure out what to do when you are stressed	○	○	○	○	○
6. Ask for help from co-workers when needed	○	○	○	○	○
7. Deal with people you do not know	○	○	○	○	○
8. Control your temper when dealing with others	○	○	○	○	○
9. Do what people in authority ask you to do	○	○	○	○	○
10. Control emotions and impulses that others would probably consider inappropriate	○	○	○	○	○
11. Manage your anxiety	○	○	○	○	○
12. Handle being in public places or situations	○	○	○	○	○

If you have any additional information about your **behaviours and emotional abilities**, please provide details below.

Consider:

(1) whether your abilities vary between **good days and bad days;** and,
(2) whether your abilities have **improved or worsened over time**.

See page 6 of this application for an example of how to respond.

If additional space is needed, please attach an extra sheet.

C) Communication and thinking abilities

☐ Check this box if you **do not** have **communication and thinking problems** that limit your ability to work. Otherwise, please answer the questions below by filling in the circles.

How would you rate your ability to do the following?	Ability level most days				
	Excellent	Very good	Good	Fair	Poor
1. Understand what people say in everyday conversations	○	○	○	○	○
2. Call to mind words that you want to use while talking to someone	○	○	○	○	○
3. Remember to do important things, such as keeping appointments	○	○	○	○	○
4. Find your way to a familiar place, such as the bank or grocery store	○	○	○	○	○
5. Concentrate and focus your attention for at least 30 minutes	○	○	○	○	○
6. Keep track of what you are doing, even if you are interrupted	○	○	○	○	○
7. Learn new things such as organizing files according to a system	○	○	○	○	○
8. Prioritize and plan your day	○	○	○	○	○
9. Decide between two options	○	○	○	○	○
10. Put together a shopping list of 10 or more items	○	○	○	○	○
11. Add and subtract numbers	○	○	○	○	○
12. Read a short message	○	○	○	○	○
13. Write an e-mail	○	○	○	○	○

If you have any additional information about your **communication and thinking abilities**, please provide details below.

Consider:

(1) whether your abilities vary between **good days and bad days**; and,
(2) whether your abilities have **improved or worsened over time**.

See page 6 of this application for an example of how to respond.

If additional space is needed, please attach an extra sheet.

D) Other daily abilities

☐ Check this box if you **do not** have **problems performing your other daily activities**. Otherwise, please answer the questions below by filling in the circles.

How would you rate your ability to do the following?	Ability level most days				
	Excellent	Very good	Good	Fair	Poor
1. Take care of your personal hygiene, such as bathing, brushing your teeth, combing your hair, or shaving	○	○	○	○	○
2. Take medication(s) as directed and handle medication(s) safely	○	○	○	○	○
3. Dress yourself (including buttoning clothes and putting on shoes)	○	○	○	○	○
4. Feed yourself	○	○	○	○	○
5. Get to the bathroom in time	○	○	○	○	○
6. Do housekeeping and home maintenance without frequent breaks, such as cleaning, laundry, meal preparation, shopping, or yard work	○	○	○	○	○
7. Answer the telephone	○	○	○	○	○
8. Open and sort mail arriving at your home	○	○	○	○	○
9. Manage your budget and pay bills	○	○	○	○	○
10. Use public transportation	○	○	○	○	○

If you have any additional information about your **other daily abilities**, please provide details below.

Consider:

(1) whether your abilities vary between **good days and bad days**; and,
(2) whether your abilities have **improved or worsened over time**.

See page 6 of this application for an example of how to respond.

If additional space is needed, please attach an extra sheet.

Section D - Information about your doctor or nurse practitioner

Service Canada may need more information to better understand your medical condition(s). The information you provide in this section will identify the health care providers who will be reporting on your medical condition(s).

D1 Provide the following information about the doctor or nurse practitioner who will be reporting on your medical condition(s).

Doctor's or nurse practitioner's full name

◯ Family doctor ◯ Nurse practitioner

◯ Specialist (please specify) _____

Mailing address (no, street, apt., PO box, RR)	City/Town		
Province/Territory	Country (if not Canada)	Postal code	Telephone number
When did you **first** see this doctor or nurse practitioner about your medical condition? (YYYY-MM)		When did you **last** see this doctor or nurse practitioner about your medical condition? (YYYY-MM)	

D2 List all other doctors, nurse practitioners, specialists or other health care providers you have seen in the last two years related to your medical condition(s).

a) Health care provider's full name — Specialty

Mailing address (no, street, apt., PO box, RR)	City/Town		
Province/Territory	Country (if not Canada)	Postal code	Telephone number
When did you **first** see this health care provider? (YYYY-MM)		When did you **last** see this health care provider? (YYYY-MM)	
What were the reasons for your visit(s)?			

b) Health care provider's full name — Specialty

Mailing address (no, street, apt., PO box, RR)	City/Town		
Province/Territory	Country (if not Canada)	Postal code	Telephone number
When did you **first** see this health care provider? (YYYY-MM)		When did you **last** see this health care provider? (YYYY-MM)	
What were the reasons for your visit(s)?			

For additional health care providers, please attach an extra sheet.

Section E - Information about your work

The information you provide in this section will help Service Canada understand how your medical condition(s) and treatments affect your ability to work regularly at any job. Be sure to include work done in Canada and in other countries.

E1 Have you stopped working completely? ◯ Yes ◯ No

If **Yes**, select the reason why you stopped working.

◯ Shortage of work/contract ended ◯ Maternity/paternity ◯ Dismissed/quit ◯ Medical condition(s)/illness(es)

◯ Other (provide details): _____

When completing questions E2-E4, if you had/have two or more jobs, please include information about the main job where you spent/spend the most time.

E2 Title or position of current or last job	First day on the job (YYYY-MM-DD)	Last day you went to work (YYYY-MM-DD)
Name of your current or last employer	Mailing address of your current or last employer (no, street, apt., PO box, RR)	
City/Town / Province/Territory / Country (if not Canada) / Postal code	Telephone number	

E3 Type of work in current or last job: ◯ Full-time ◯ Part-time ◯ Self-employed ◯ Seasonal ◯ Volunteer	Number of hours per day	Number of days per week

E4 Describe your duties in your current or last job

E5 In the past 6 years, have you had any jobs other than the one listed in question E2? ◯ Yes ◯ No

If **Yes**, please provide the following information.

1	Job title/position	From (YYYY-MM-DD)	To (YYYY-MM-DD)
	Type of work: ◯ Full-time ◯ Part-time ◯ Self-employed ◯ Seasonal ◯ Volunteer	Number of hours per day	Number of days per week
	Name and address of employer		
2	Job title/position	From (YYYY-MM-DD)	To (YYYY-MM-DD)
	Type of work: ◯ Full-time ◯ Part-time ◯ Self-employed ◯ Seasonal ◯ Volunteer	Number of hours per day	Number of days per week
	Name and address of employer		

For additional work history, please attach an extra sheet.

E6 If you are or were self-employed, what is/was your involvement with the business?

Self-employment opportunities include: sole-proprietors, partnerships, and contractors. Self-employment activities could include: professional activities, fishing, farming, commission sales, managing, desk-work and/or supervising involved in operating a business (profession, trade or manufacture).

Will you declare yourself a self-employed person for income tax purposes this year? ◯ Yes ◯ No

Are you still working for your self-employed business? ◯ Yes ◯ No

E7 Because of your medical condition(s), do/did you have to do a lighter job or different type of work?

◯ Yes ◯ No

If **Yes,** please describe.

E8 Have you received regular Employment Insurance benefits in the last two years?

◯ Yes ◯ No If **Yes**, provide the periods.

From (YYYY-MM-DD)	To (YYYY-MM-DD)
From (YYYY-MM-DD)	To (YYYY-MM-DD)

For additional times you received regular Employment Insurance, please attach an extra sheet.

E9 **Education** - Indicate highest level completed

Primary school	**Secondary school**	**College**	**University**
◯ Complete	◯ Less than 2 years ◯ 2 years or more ◯ Diploma	◯ 1 year ◯ 2 years ◯ Diploma	◯ 1 year ◯ 2 years ◯ 3 years ◯ Degree ◯ Post-graduate

If you are currently attending, have attended or completed college or university, answer the following:	Field of study	Date last attended/completed (YYYY-MM)
	_____	_____

E10 Have you had any technical, trade, or on the job training? ◯ Yes ◯ No

If **Yes**, provide the following details:

Title of training or program	Date completed (YYYY-MM)	Certificate received
_____	_____	◯ Yes ◯ No
_____	_____	◯ Yes ◯ No

Section F - Benefits for children

If you qualify for a CPP disability benefit, the information you provide in this section will help us determine if any child(ren) may qualify for the disabled contributor's child's benefit. To qualify, the child(ren) must be under the age of 18, or 18 to 25 years old and attending school full-time or part-time.

F1 Do you have children? ◯ Yes ◯ No If **No**, please skip to **Section G.**

Who receives the payment?

- The benefit is paid on behalf of the child to the disabled contributor, if:
  - the child lives with the disabled contributor;
  - the disabled contributor has decision-making responsibility of the child;
  - the child is under age 18.
- The person or agency having decision-making responsibility and care of the child may receive the disabled contributor's child benefit on behalf of the child. Consent to contact the person or agency is required (see question **F3**).
- If the child is 18 to 25 years old and attending school full-time or part-time, we will send monthly payment to the child directly. Consent to contact the child is required (see question **F3**).

Decision-making responsibility and parenting time

For CPP purposes, decision-making responsibility is defined as having responsibility for making significant decision about a child's well-being, including:

- Health;
- Education;
- Culture, language, religion and spirituality; and
- Significant extra-curricular activities.

Parenting time is defined as the time a child spends (living with) in the care of an individual or agency.

For CPP purposes, decision-making responsibility and parenting time includes, but is not limited to:

- formal and informal arrangements;
- sole, shared, joint and similar arrangements.

Note: If you do not provide the Social Insurance Number of the child(ren), Service Canada will require a copy of an acceptable document confirming the child(ren)'s date of birth (e.g. birth certificate). Service Canada may request an original or certified copy at any time.

F2 Please include information about your child(ren) in the space below.

a) First child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number

◯ Biological child ◯ Legally adopted ◯ Other (please specify): _____

Is this child 18 to 25 years old and attending full-time or part-time school, college or university now or within the past 11 months?

◯ Yes ◯ No If **Yes**, please provide the child's address below.

Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

If the child is under age 18, what is the current living arrangement?

◯ The child lives with me full-time.

◯ I have shared or joint parenting time.

- Provide details on the other custodian in the custodian information section below.
- Please also indicate how often each child lives with you:

_____

_____

_____

◯ The child is in the care of another individual or agency.

- Provide details on the custodian(s) in the custodian information section below and give the date each child stopped living with you.

Custodian Information

Provide the full name and address of the custodian(s) and provide consent to contact them (see question F3).

Custodian's full name
Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code
Custodian's full name
Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code
Date child stopped living with you (yyyy-mm), if applicable

b) Second child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number

◯ Biological child ◯ Legally adopted ◯ Other (please specify): _____

Is this child 18 to 25 years old and attending full-time or part-time school, college or university now or within the past 11 months?

◯ Yes ◯ No If **Yes**, please provide the child's address below.

Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

If the child is under age 18, what is the current living arrangement?

◯ The child lives with me full-time.

◯ I have shared or joint parenting time.

- Provide details on the other custodian in the custodian information section below.
- Please also indicate how often each child lives with you:

_____

_____

_____

◯ The child is in the care of another individual or agency.

- Provide details on the custodian(s) in the custodian information section below and give the date each child stopped living with you.

Custodian Information
Provide the full name and address of the custodian(s) and provide consent to contact them (see question F3).

Custodian's full name
Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code
Custodian's full name
Address (No., Street, Apt., R.R.)
Date child stopped living with you (yyyy-mm), if applicable

c) Third child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number

◯ Biological child ◯ Legally adopted ◯ Other (please specify): _____

Is this child 18 to 25 years old and attending full-time or part-time school, college or university now or within the past 11 months?

◯ Yes ◯ No If **Yes**, please provide the child's address below.

Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

If the child is under age 18, what is the current living arrangement?

◯ The child lives with me full-time.

◯ I have shared or joint parenting time.

- Provide details on the other custodian in the custodian information section below.
- Please also indicate how often each child lives with you:

_____

_____

_____

◯ The child is in the care of another individual or agency.

- Provide details on the custodian(s) in the custodian information section below and give the date each child stopped living with you.

Custodian Information
Provide the full name and address of the custodian(s) and provide consent to contact them (see question F3).

Custodian's full name
Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code
Custodian's full name
Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

Date child stopped living with you (yyyy-mm), if applicable

d) Fourth child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number

◯ Biological child ◯ Legally adopted ◯ Other (please specify): _____

Is this child 18 to 25 years old and attending full-time or part-time school, college or university now or within the past 11 months?

◯ Yes ◯ No If **Yes**, please provide the child's address below.

Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

If the child is under age 18, what is the current living arrangement?

◯ The child lives with me full-time.

◯ I have shared or joint parenting time.

- Provide details on the other custodian in the custodian information section below.
- Please also indicate how often each child lives with you:

_____

_____

_____

◯ The child is in the care of another individual or agency.

- Provide details on the custodian(s) in the custodian information section below and give the date each child stopped living with you.

Custodian Information

Provide the full name and address of the custodian(s) and provide consent to contact them (see question F3).

Custodian's full name

Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

Custodian's full name

Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code

Date child stopped living with you (yyyy-mm), if applicable

For additional children, please attach an extra sheet.

F3 Consent to contact the child(ren) or their custodial parent, guardian or agency

You can give your permission (consent) to allow Service Canada to contact the child(ren), or their custodial parent, guardian or agency to inform them about the disabled contributor's child's benefit.

We will not contact the child(ren), their custodial parent, guardian or agency, without your consent.

If you give your consent, we will contact them **ONLY** to inform them that the child(ren) may qualify for the disabled contributor's child's benefit. Service Canada will not share information about you or your medical condition.

If you do not give your consent, we will not contact the child's custodial parent, guardian or agency (for children under the age of 18), and/or the child(ren) over the age of 18, to inform them about the disabled contributor's child's benefit. However, if we receive an application from the custodial parent, guardian or agency and/or the child(ren) over the age of 18, we will use the information on this application, if applicable, to determine if they qualify for the disabled contributor's child's benefit. We will not share information about your medical condition, but we will be required to use and disclose your status as a CPP disability pension beneficiary.

Do you give your consent to Service Canada to contact the child(ren) or their custodial parent, guardian or agency to inform them about the disabled contributor's child's benefit? ◯ Yes ◯ No

Section G - Payment information

G1 Direct deposit

Service Canada will make your pension payment to your bank account using direct deposit, a quick, reliable and secure way to receive your payments. The account must be in your name. A joint account is also acceptable.

Provide your banking information below:

Branch number (5 digits)	Institution number (3 digits)	Account number (maximum of 12 digits)

Name(s) on the account

You can choose to attach a void cheque instead. If you do not provide your banking information (above) or attach a void cheque, we will send your pension payments by cheque to your mailing address.

Direct deposit outside Canada: You may call Service Canada at 1-800-277-9914 from the United States or at 613-957-1954 from all other countries (collect calls accepted). To obtain an enrolment form and a list of countries where direct deposit is available, visit **www.directdeposit.gc.ca**.

Section H - Consent for Service Canada to collect personal information

I give Service Canada my consent to collect personal information about me from third parties that could be used by ESDC, Service Canada or the Social Security Tribunal (SST) to help determine if I qualify or continue to be eligible for CPP disability benefits, or help in the assessment of incapacity under the *CPP* or *OAS Act*. For this reason, Service Canada may contact any of the following persons and organizations if necessary:

- medical doctors, nurse practitioners, consultant specialists, or other health care professionals;
- educational institutions or other vocational agencies;
- accountants or bookkeepers for information on self-employment;
- federal, provincial, territorial, or municipal government departments and agencies;
- provincial or territorial workers' compensation boards;
- financial institutions - for address updates only;
- medical facilities or hospitals;
- administrators of insurance plans, long-term care facilities or retirement homes, medical records storage facilities;
- employers, former employers;
- volunteer organizations;
- employees or former employees for cases of self-employment.

Note: You must choose one option below. Failure to select an option below could cause a delay in processing your application or determining benefit amounts.

◯ **I give my consent** to Service Canada to collect medical and other personal information about me from all persons and organizations listed above. I understand that this information may help determine if I qualify or continue to be eligible for CPP disability benefits or in assessing incapacity under the *CPP* or *OAS Act*. I also understand that the information may be disclosed to the SST.

◯ **I do not give my consent** to Service Canada to collect medical and other personal information about me from all persons and organizations listed above.

I understand that if I do not give my consent, Service Canada:

- will make a decision based on my application or request for reconsideration based on the available information in my file;
- may stop paying me the benefits if I am already receiving them; and
- can require that I provide the necessary information.

Applicant's address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code		
Applicant's name (print)	**Signature of applicant/legal representative**	**Date** (YYYY-MM-DD)

A **legal representative** can act on your behalf. See information on **legal representatives** on page 21 of this application.

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

I have read the contents of this section to the applicant, who appeared to fully understand them and who made their mark in my presence.

First name of witness (print)	Middle name	Last name(s)	Telephone number
Signature of witness			**Date** (YYYY-MM-DD)

This signed consent is valid for up to **5 years** unless you cancel it in writing.
You can submit an original signed copy, a scan, photocopy or fax.

Section I – Declaration and signature

Privacy Notice Statement

Read the following information before you sign your application:

The information collected will assist Service Canada in determining if you 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.

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.

Signature of applicant

I hereby apply for a disability benefit and, if applicable, a child's benefit under the Canada Pension Plan and declare that to the best of my knowledge and belief, all of the information herein is true and complete.

I agree to notify Service Canada of any changes that may affect my eligibility for benefits. These include: an improvement in my medical condition(s); a return to work (full-time, part-time, trial period or volunteer work); attendance at school or university; trade or technical training; any rehabilitation, or a change in the living arrangements or care of any child under the age of 18.

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** (YYYY-MM-DD)

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

I have read the contents of this application to the applicant, who appeared to fully understand them and who 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)

To be completed ONLY by a legal representative of the applicant

See information on **legal representatives** below.

I hereby apply for a disability benefit and, if applicable, a child's benefit under the Canada Pension Plan on behalf of the applicant and I declare that to the best of my knowledge and belief, all of the information herein is true and complete.

I agree to notify Service Canada of any changes that may affect the applicant's eligibility for benefits. These include: an improvement in the medical condition(s); a return to work (full-time, part-time, trial period or volunteer work); attendance at school or university; trade or technical training; any rehabilitation, or a change in the living arrangements or care of any child under the age of 18.

I also agree to notify Service Canada if and when I cease acting as the representative of the applicant and/or of any changes in the applicant's condition whereby the applicant is able to act on their own behalf.

A false or misleading statement may result in an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or in the prosecution of an offence. Any benefits received or obtained to which there was no entitlement would have to be repaid.

First name of representative (print) Middle name Last name(s)		Telephone number
Address (no, street, apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code		
Type of representative	**Signature of legal representative**	**Date** (YYYY-MM-DD)

Legal representative

A **legal representative** can act on your behalf. This person will have all of the rights and responsibilities that you would have as an applicant/beneficiary, such as signing the application and keeping Service Canada informed of any changes to your account. These could include changes to your telephone number, your medical condition(s) or a return to work.

A **legal representative** could be any of the following:

- guardian
- curator
- committee
- executor
- trustee
- Power of Attorney (for CPP purposes, only POA for property is accepted)
- any other legal representative of that person

The **legal representative** must be appointed under a law of Canada, a province or territory, or by the Minister, to manage your affairs. Legal documents must be submitted to support a **legal representative** and could include:

- mandate
- trusteeship
- Power of Attorney documents (for CPP purposes, only POA for property is accepted)
- an official CPP/Old Age Security program form. Contact us for more information.

A **legal representative** cannot receive the paid benefits on your behalf unless it has been proven that you are not capable of managing your affairs.

This application contains information about the Canada Pension Plan disability benefits which is based on the *Canada Pension Plan* legislation. If there are any differences between what is in this application and the *Canada Pension Plan* legislation, the legislation is always right.

Annex A - Child rearing provision guide

For the Canada Pension Plan (CPP), the primary caregiver is the person who is/was most responsible for the daily needs of the child(ren) until the age of 7. Some things a primary caregiver does are: watch over the child(ren), prepare meals, go to school meetings and events, or take the child(ren) to doctors appointments.

Family Allowance (FA) - available before 1993

The FA program (once known as the **baby bonus**) sent monthly payments to parents or guardians of dependent children under the age of 18. For most families, payments were issued to the mother. The Canada Child Benefit replaced the FA program in 1993.

Canada Child Benefit (CCB) - available since 1993. Previously known as Child Tax Benefit and Canada Child Tax Benefit

The CCB is a monthly benefit based on your net family income level, the number of children you have, and the ages of your children. In most families, payments are/were issued to the mother.

If you were the primary caregiver of one or more children and did not receive the CCB only because your family income was too high, you are considered to have been eligible for the CCB.

Were you the primary caregiver?	Did you receive the Family Allowance (before 1993)?	Did you receive or were you eligible for the Canada Child Benefit (since 1993)?	What do I complete in question B3?
Yes	Yes	Yes	- Answer questions A), B), C) and D). - Skip the waiver of rights (E).
Yes	Yes	No	- Answer questions A), B), C) and D). - Skip the waiver of rights (E).
Yes	No	Yes	- Answer questions A), B), C) and D). - Skip the waiver of rights (E).
Yes	No, my current/ former spouse or common-law partner did	No	- Answer questions A), B), C) and D). - Request that your current/former spouse or common-law partner complete the waiver of rights (E).
Yes	No	No, my current/former spouse or common-law partner received the payments	- Answer questions A), B), C) and D). - Skip the waiver of rights (E). - Provide a letter from the Canada Revenue Agency (CRA) indicating you would have been eligible for the CCB had you applied when you were the primary caregiver. Please contact the CRA for more information about obtaining this letter.
Yes	No, my current/ former spouse or common-law partner did	No, my current/former spouse or common-law partner received the payments	- Answer questions A), B), C) and D). - Request that your current/former spouse or common-law partner complete the waiver of rights (E). - Provide a letter from the Canada Revenue Agency (CRA) indicating you would have been eligible for the CCB had you applied when you were the primary caregiver. Please contact the CRA for more information about obtaining this letter.

If you are not sure of which situation applies to you, complete all questions in **B3** and Service Canada will review.

Annex B - Certified photocopies of original documents

Please send copies rather than original documents whenever submitting documents to Service Canada. If you must send your original documents, we suggest you send them by registered mail. We will return the original documents to you.

- We can only accept a photocopy of an original document if it is readable.
- If the document has information on more than one page, photocopy all pages.
- Please write your Social Insurance Number on any document or photocopy that you send to Service Canada.

Note: If your photocopy is missing any of the above elements, it will not be accepted, and you will have to submit a new photocopy. This could result in delays in processing your application. Service Canada may request an original or certified copy at any time.

Before you send your application - checklist

- ☐ Have you written your Social Insurance Number in the box at the top of each page and at the top of each sheet you have added?
- ☐ Have you provided your date of birth on page 1?
- ☐ Have you read and signed the Consent for Service Canada to collect personal information on page 19?
- ☐ Have you read and signed the Declaration and signature on page 20?

If you are currently receiving a disability benefit from an insurance company or a provincial/territorial agency:

- ☐ Have you asked them to send your most recent medical report(s) to Service Canada?

If you are not currently receiving a disability benefit from an insurance company or a provincial/territorial agency:

- ☐ Have you completed **Sections 1 and 2** of the **Medical Report**?
- ☐ Have you asked your doctor or nurse practitioner to complete **Sections 3 to 9** of the **Medical Report** and mail it to Service Canada?

  DO NOT WAIT for your doctor or nurse practitioner to complete the Medical Report before sending your completed application to Service Canada. The date your application is received by Service Canada could affect when your benefit starts.

- ☐ Have you removed the information and instructions pages from the application at the front and back? These contain general information and do not need to be submitted.

  To mail your application to the Service Canada office nearest you, see the list of addresses on the page **Service Canada Offices** in the Information and Instructions pages at the front of the application. You can also drop off the completed application at a Service Canada Centre near you.

What to expect after you send your application

It could take Service Canada about four months to determine if you qualify for the disability benefit.

Once Service Canada receives your application, we will:

call you to confirm that your application was received.
ask you for more information or other documents if needed.
answer any questions you may have.

Once we receive all the information and/or documents we need from you:

Service Canada will determine if you have made the minimum amount of valid CPP contributions.

If you have made the minimum amount of valid CPP contributions:

a CPP disability medical adjudicator will assess your medical condition(s) and its impact on your capacity to perform work-related activities.

If we ask for more information or ask you to see another doctor to evaluate your medical condition, the process may take longer than four months. If more than four months have passed and you have not heard from us, contact us to check the status of your application.

If you qualify, your benefit will start four months after your disability was found to be severe and prolonged (as defined by CPP legislation). You may receive up to 11 months of payments retroactive from the date your application was received.