



Application for Benefits for Under Age 18 Children of Disabled Contributor

Section A - Information About Disabled Contributor

1A. Contributor's Social Insurance Number	1B. Language preference		
	English	French	
2. Optional	Usual first name and initial		Last name
Mr. Mrs.			
Ms. Miss			
3. Contributor's address (No., Street, Apt., R.R.)	City		
Province or territory	Country other than Canada	Postal code	

Section B - Information About Children Under Age 18

4. Given name and initial of child	Last name		Sex
			Optional Male Female
Child's Social Insurance Number	Date of birth	YYYY-MM-DD	FOR OFFICE USE ONLY
5. Given name and initial of child	Last name		Sex
			Optional Male Female
Child's Social Insurance Number	Date of birth	YYYY-MM-DD	FOR OFFICE USE ONLY
6. Given name and initial of child	Last name		Sex
			Optional Male Female
Child's Social Insurance Number	Date of birth	YYYY-MM-DD	FOR OFFICE USE ONLY

If necessary, list additional children on a separate sheet of paper and attach to this application

7. Are all of the children named in questions 4, 5 and 6 the natural children of the contributor?	Yes	No	If "No", indicate each child who is not and specify status (ex: adopted or other).
Child's Name and Status			
8. Do the children in questions 4, 5, and 6 live with you full-time?			
Yes			
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 children are 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 each custodian.				
Child's name		Date child stopped living with you (yyyy-mm), if applicable		
Custodian's full name and address (No., Street, Apt., R.R.)				
Child's name		Date child stopped living with you (yyyy-mm), if applicable		
Custodian's full name and address (No., Street, Apt., R.R.)				
Child's name		Date child stopped living with you (yyyy-mm), if applicable		
Custodian's full name and address (No., Street, Apt., R.R.)				
9. Are all of the children named in questions 4, 5 and 6 receiving or have they applied for benefits under:				
		A. The Canada Pension Plan Yes No		B. The Quebec Pension Plan Yes No
		If "Yes", to A or B, indicate which children and under which Social Insurance Number.		
Child's Name		Child's Social Insurance Number		
_____		_____		
_____		_____		
_____		_____		

Section C - Information About the Person Who Is Applying on Behalf of the Children

10. Optional Usual first name and initial Last name Mr. Mrs. Ms. Miss	
11. Home address if different from number 3 (No., Street, Apt., R.R.) City	
Province or territory Country other than Canada Postal code	
12. Mailing address if different from 11 above (No., Street, Apt., R.R.) City	
Province or territory Country other than Canada Postal code	
13. Telephone Number	14. 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)
15. Please explain why you are making this application	

16. Payment Information**Direct deposit in Canada:** Complete the boxes below with your banking information.

Branch number (5 digits)

Institution number (3 digits)

Account number (maximum of 12 digits)

Name(s) on the account

Telephone number of your financial institution

Direct deposit outside Canada:

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.

Section D - Declaration of Applicant

I hereby apply for a Disabled Contributor's Child Benefit on behalf of each of the children listed in Section B.

I declare that, to the best of my knowledge and belief, the information given in this application is true and complete. I will notify Service Canada of any changes in circumstances that may affect eligibility for benefits.

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

Signature of Applicant

Date of Application
YYYY-MM-DD

Note: Signature by mark (x) is acceptable, if witnessed by any responsible person who must complete the declaration opposite.

Declaration of witness required only when applicant signs by mark

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

Signature of witness

Address of Witness

Telephone Number

FOR OFFICE USE ONLY

Application taken by:

Application approved pursuant to Section 60 of the Canada Pension Plan.

Effective Date

YYYY-MM

Authorized Signature

YYYY-MM-DD

Date Application Received



Information Sheet Concerning Under Age 18 Children of Disabled Contributor

Please retain for your information

Your application form must be submitted with all the required documents as soon as possible. Failure to do so could result in delays or loss of payments. Application forms may be delivered or mailed to your nearest Service Canada office.

Privacy Notice Statement

The information collected on the application form 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 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.

Proof of Age Documentation

You do not need to provide proof of birth for the children if you provided their Social Insurance Number in the application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary. If you did not provide the Social Insurance Number of the children, then you must submit a copy of the children's original birth certificate. When you send us documents, we suggest you send photocopies rather than the original documents, if possible. This will ensure the original documents stay with you in case you need them for other purposes. If you must send your original documents, we suggest you send them by registered mail. We will return all the original documents to you.

Proof of Age Documentation (continued)

If you bring your original documents to any Service Canada Centre, our staff will photocopy the documents.

- 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 the Client Identification Number or 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.

Eligibility Factors

The benefit is paid on behalf of the child to the disabled contributor, if:

- the child lives with the disabled contributor; and
- 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.

Decision-making responsibility and parenting time

For CPP purposes, decision-making responsibility is defined as having responsibility for making significant decisions 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.

You must tell Service Canada when the living arrangements or care of dependent children starts, changes, or ends (including by birth, adoption, marriage, common-law relationship, or death).

Entitlement to benefits ceases when the contributor ceases to be disabled, the child dies or reaches age 18. When a child reaches age 18, they must apply on their own behalf. Payment will only be made for the months in which they are in full-time or part-time attendance at school or university.

Payment Information

Direct Deposit in Canada

If your application is approved, your monthly payments will be deposited into your account at your financial institution. The account must be in your name. A joint account is also acceptable. In order to enroll for direct deposit banking you must provide the branch, financial institution and account numbers that appear at the bottom of a cheque. A sample of a void cheque is provided below identifying where the branch, financial institution and account numbers are located.

Name and Address of Account holder _____ Cheque Number: 000102
Date _____
Pay to the order of **"VOID"** \$ _____
_____ Dollars
Signature _____
485" "00646" 842 :0164"0234-5800
BRANCH NUMBER INSTITUTION NUMBER ACCOUNT NUMBER

Direct Deposit Outside Canada

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted Monday to Friday, 8:30 a.m. to 4:30 p.m. Eastern Time). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.

Declaration of applicant

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

If you require any assistance or further information to complete your application, please contact the nearest Service Canada office. The telephone number and address are in the government listings of the telephone book under "Service Canada".



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.

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