



Section A - Applicant's Consent

Applicant's Family name	First name and initial	Social Insurance Number under which CPP Benefit was applied for
Address of Service Canada office		Type of benefit applied for

Pursuant to the *Canada Pension Plan* and its Regulations, I agree to a deduction from my Canada Pension Plan (CPP) benefits to be paid to the provincial or municipal program named below. This deduction repays the Provincial/Municipal Social Assistance Program for benefits that I would not normally have received from them, if I had been receiving a Canada Pension Plan benefit.

I understand that:

- the Province/Municipality will be reimbursed only for those months where benefits are payable to me both under the CPP and the Provincial/Municipal Social Assistance Program named herein;
- the deduction from my CPP benefits for a month shall not exceed the amount of the Provincial/Municipal Social Assistance payment for that month;
- the CPP deduction shall be made from my first monthly payment and arrears payment, if applicable. No further deduction shall be made for any other month after;
- this consent is irrevocable.

I authorize the Canada Pension Plan to communicate information to the Provincial/Municipal authority named herein, in respect of the Canada Pension Plan benefit.

The personal information you provide is collected under the authority of the *Canada Pension Plan* (CPP) in order to communicate, with the provincial/municipal authority, information in respect to your CPP benefits. Your personal information may also be used to determine eligibility and entitlement to CPP benefits. 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 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. Submitting this consent is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your request. The personal information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law. As well, the personal information you provide may be used and/or disclosed for policy analysis, statistical, research, and/or evaluation purposes. However, these additional uses and/or disclosures of personal information will never result in an administrative decision being made.

Your personal information is administered in accordance with the CPP, the *Privacy Act*, the *Department of Employment and Social Development 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. You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: **www.Canada.ca/infosource-ESDC**. *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.

Date (YYYY-MM-DD)	Signature of Applicant/Representative	Complete address of applicant
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Section B - Social Assistance Payments (See conditions on page 5)

Date of initial payment (YYYY-MM-DD)	Amount of initial payment \$	Amount of continuing payment \$	☐ weekly ☐ monthly	Month payment is to cease (If known)
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I am the person acting on behalf of the authority named herein and I certify that the funds requested are in respect of assistance paid which would not have been paid if a benefit under the *Canada Pension Plan* had been paid for the period named herein. I further certify that information relating to Canada Pension Plan benefits will not be disclosed to any other person or body unless specific authorization is given by the applicant or his representative.

Name and address of social assistance office

Date (YYYY-MM-DD)	Name of contact	Signature	
Telephone	Fax	Office/Agency code	Reference number

FORWARD TO
THE NEAREST SERVICE CANADA OFFICE

Section D - For Office Use Only

Effective date of benefit	Current monthly amount	Payment to Province/Municipality	Payment to client	Date payment issued to client	Signature of Service Canada officer
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Consent to Deduction and Payment
Canada Pension Plan (CPP)

Section A - Applicant's Consent

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Name and address of social assistance office

Date (YYYY-MM-DD)	Name of contact		Signature
Telephone	Fax	Office/Agency code	Reference number

Section C - Confirmation of Social Assistance Paid

Details of assistance paid (month and year)	JAN _____ \$	FEB _____ \$	MAR _____ \$	APR _____ \$	MAY _____ \$	JUNE _____ \$
	JUL _____ \$	AUG _____ \$	SEP _____ \$	OCT _____ \$	NOV _____ \$	DEC _____ \$
	Assistance is to continue ☐		ceased on Date		will cease as of Date	
Have you already requested a reimbursement from an Old Age Security benefit? Yes ☐ No ☐			I certify that to the best of my knowledge the above amounts are true and correct.			
Date (YYYY-MM-DD)	Signature		Address			
Telephone	Fax	Office/Agency code	Reference number			

Section D - For Office Use Only

Effective date of benefit	Current monthly amount	Payment to Province/Municipality	Payment to client	Date payment issued to client	Signature of Service Canada officer
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Telephone	Fax	Office/Agency code	Reference number

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Name and address of social assistance office			
Date (YYYY-MM-DD)	Name of contact		Signature
Telephone	Fax	Office/Agency code	Reference number



Conditions of Acceptability

- The applicant for social assistance must have applied or be in the process of applying for Canada Pension Plan (CPP) benefits.
- A Consent to Deduction and Payment form, SC ISP-1613 must be received within 12 months from the date which it has been signed by both the CPP applicant and a social assistance office representative.
- The total amount of social assistance to be reimbursed must be greater than \$50.00.



Discover the Convenience of My Service Canada Account (MSCA)

- Access accurate and up-to-date information about your Canada Pension Plan (CPP) and/or Old Age Security (OAS) benefit entitlement.
- Get instant confirmation that your form or document has been received.
- Access tools and information to help you make an informed decision.
- Find help and information on additional benefits you may qualify for.
- Submit documents electronically for CPP disability benefits, CPP death benefit, CPP survivor's pension, and CPP children's benefits (for students aged 18 to 25).

Go to **www.canada.ca/msca** or scan:

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





Service Canada Offices

Canada Pension Plan

Mail your forms to:

The nearest Service Canada office listed below.
From outside of Canada: The Service Canada office in the **province where you last resided**.

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 social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK AND QUEBEC

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

ONTARIO

For postal codes beginning with "L, M or N"
Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"
Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
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