Consent to Deduction and Payment – Canada Pension Plan (CPP) Disability Benefits to the Administrator of a Provincial Workers' Injury and Occupational Diseases Compensation Program

I.) Applicant's Consent to Deduction

Family name	First name	Social Insurance Number

Pursuant to the Canada Pension Plan and its Regulations, I agree to a deduction from my Canada Pension Plan (CPP) disability benefits to be paid to the Administrator of the Workers' Injury and Occupational diseases Compensation Program for the Province of _____

I understand that:

1. The Administrator will be reimbursed only for those months where benefits are payable to me, both under the CPP and the Workers' Injury and Occupational Diseases Compensation named herein;
2. The deduction from my CPP Disability benefits for a month shall not exceed the amount of the Workers' Injury and Occupational Diseases Compensation payment for that month and will not affect any Disabled Contributor's Child's benefits payable under the CPP;
3. 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;
4. This consent is irrevocable:

I authorize the Canada Pension Plan to communicate information to the Provincial authority named herein, in respect of my Canada Pension Plan disability benefits

Signature (Applicant / Representative / Trustee)	Date (YYYY-MM-DD)

II.) Guarantee by Administrator of the Provincial Workers' Injury and Occupational Diseases Compensation Program (see conditions on page 3)

I am the person acting on behalf of the authority named herein and I certify that the funds requested are in respect of a provincial workers' injury and occupational diseases compensation benefits paid which would not have been paid if Disability benefits under the Canada Pension Plan (CPP) had been paid for the period indicated on page 2.

I certify that the information that will be communicated by CPP will not be disclosed to any other person or body not legally entitled to receive it.

I further certify that this "Consent to Deduction and Payment – Canada Pension Plan (CPP) Disability Benefits to the Administrator of a Provincial Workers' Injury and Occupational Diseases Compensation Program" form is in full compliance with the contractual agreement relating thereto.

Name and address of the administrator	Representative / Agent of the administrator	Telephone number
		Fax number

Signature Representative / Agent	Date (YYYY-MM-DD)

Return to:

The nearest Service Canada Office

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

Protecting your privacy

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 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.

Consent to Deduction and Payment – Canada Pension Plan (CPP) Disability Benefits to the Administrator of a Provincial Workers' Injury and Occupational Diseases Compensation Program

I.) Applicant's Consent to Deduction

Family name	First name	Social Insurance Number

Pursuant to the Canada Pension Plan and its Regulations, I agree to a deduction from my Canada Pension Plan (CPP) disability benefits to be paid to the Administrator of the Workers' Injury and Occupational diseases Compensation Program for the Province of _____

I understand that:

1. The Administrator will be reimbursed only for those months where benefits are payable to me, both under the CPP and the Workers' Injury and Occupational Diseases Compensation named herein;
2. The deduction from my CPP Disability benefits for a month shall not exceed the amount of the Workers' Injury and Occupational Diseases Compensation payment for that month and will not affect any Disabled Contributor's Child's benefits payable under the CPP;
3. 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;
4. This consent is irrevocable:

I authorize the Canada Pension Plan to communicate information to the Provincial authority named herein, in respect of my Canada Pension Plan disability benefits

Signature (Applicant / Representative / Trustee)	Date (YYYY-MM-DD)

II.) Guarantee by Administrator of the Provincial Workers' Injury and Occupational Diseases Compensation Program (see conditions on page 3)

I am the person acting on behalf of the authority named herein and I certify that the funds requested are in respect of a provincial workers' injury and occupational diseases compensation benefits paid which would not have been paid if Disability benefits under the Canada Pension Plan (CPP) had been paid for the period indicated below.

I certify that the information that will be communicated by CPP will not be disclosed to any other person or body not legally entitled to receive it.

I further certify that this "Consent to Deduction and Payment – Canada Pension Plan (CPP) Disability Benefits to the Administrator of a Provincial Workers' Injury and Occupational Diseases Compensation Program" form is in full compliance with the contractual agreement relating thereto.

Name and address of the administrator	Representative / Agent of the administrator	Telephone number
		Fax number
Signature Representative / Agent		Date (YYYY-MM-DD)

III.) Confirmation of Compensation Payments Paid

Details of amounts to be reimbursed by month (calculated in accordance with the provisions of the provincial Act)					
January/Year:	February/Year:	March/Year:	April/Year:	May/Year:	June/Year:
$	$	$	$	$	$
July/Year:	August/Year:	September/Year:	October/Year:	November/Year:	December/Year:
$	$	$	$	$	$
January/Year:	February/Year:	March/Year:	April/Year:	May/Year:	June/Year:
$	$	$	$	$	$
July/Year:	August/Year:	September/Year:	October/Year:	November/Year:	December/Year:
$	**$**	**$**	**$**	**$**	$
Date of initial entitlement YYYY-MM-DD		Is to continue? ◯ Yes ◯ No		Cease on / Will cease effective YYYY-MM-DD	

I certify that to the best of my knowledge, the above information is true and correct			
Date YYYY-MM-DD		Signature	Address
Telephone number	Provincial code	File / Reference number	

Conditions of Acceptability

- The form SC ISP-1619, Consent to Deduction and Payment – Canada Pension Plan (CPP) Disability Benefits to the Administrators of a provincial workers' injury and occupational diseases compensation program, must have been received within one year after the date on which the consent was signed.

- The total amount of provincial workers' injury and occupational diseases compensation to be reimbursed must be greater than $50.00.

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