Service Canada

Information and Instructions
Terminal Illness Application for Disability Benefits Under the Canada Pension Plan

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.

Before you begin - Is this form for you?

The condensed Canada Pension Plan (CPP) disability benefits application and Terminal Illness Medical Attestation has been designed for individuals who have a **terminal** illness.

For the purposes of CPP, a terminal medical condition is a disease state that cannot be cured or adequately treated and is reasonably expected to result in death within 6 months.

Applications from patients with a terminal illness receive priority handling. Our goal is to make a decision within 5 business days of receiving your complete Terminal Illness Application.

If this does not apply to you, do not use this form. You will need to complete the form **Application for Canada Pension Plan Disability Benefits (ISP1151)**.

It is available in two formats:

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

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

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 the CPP disability benefits?

To qualify for the 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 the **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) impact(s) your capacity to perform work-related activities.

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**.

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 more information to complete the application

? The information and instructions you will need to apply for CPP disability benefits can be found in this application. You can also find more information about the benefits 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 do so, you must either:

Complete the consent form online, through your My Service Canada Account (MSCA) at **www.canada.ca/msca**, or

Complete **Section I** on page 13.

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 16 of this application for more information on **legal representatives**.

What we need from you

1. A Terminal Illness Application for Disability Benefits Under the Canada Pension Plan (ISP2530A)

The Terminal Illness 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 Terminal Illness Medical Attestation for Disability Benefits Under the Canada Pension Plan (ISP2530B)

Be sure to:

complete **Section 1 and Section 2**.

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 **Section 3** and ask them to mail it to the nearest Service Canada office.

DO NOT WAIT for your doctor or nurse practitioner to complete the **Terminal Illness Medical Attestation** before sending your Terminal Illness 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 **Terminal Illness Medical Attestation** 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 **Terminal Illness Medical Attestation** 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

Terminal Illness Application for Disability Benefits Under the Canada Pension Plan

Section A - Information about you

A1 Social Insurance Number	Preferred language ◯ English ◯ French	**FOR OFFICE USE ONLY** Date stamp
Optional: ◯ Mr. ◯ Mrs. ◯ 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 contact 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.

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

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/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 or common-law relationship (YYYY-MM)

For additional periods, please attach an extra sheet.

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		Dates worked in that country		Have you asked for or received benefits from that country?	
		From (YYYY-MM)	To (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)	Yes	No
1.						◯	◯
2.						◯	◯

For additional countries, please attach an extra sheet.

? **Note:** Your CPP contributions may also help you qualify for benefits or pensions from the country(ies). For more information on international benefits go to **www.canada.ca/pension-international.**

B3 If you worked less to care for your 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 disability benefits, 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 in 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 dates and the 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 Canadian 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 (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) impact(s) 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)? 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.	Date (YYYY-MM)

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

C3 List any additional medical condition(s) that prevent(s) you from working.

C4 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.			

Repayment of benefits to a private insurance company and/or a provincial or municipal agency

Service Canada may find that you qualified for a CPP disability benefit when you were receiving benefit payments from a private insurance company and/or a provincial or municipal 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 and/or a provincial or municipal agency on your behalf. In order to do this, we need your written consent. **The insurance company and/or a provincial or municipal 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.

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 provider 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)

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: _____

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

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

Section F - Benefits for children

If you qualify for CPP disability benefits, 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; and
  - 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 18-25 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 decisions about a child's well-being, including:

- Health
- Culture, language, religion and spirituality; and
- Education
- 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 children'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 are the current living arrangements?

◯ 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:

_____

_____

_____

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

◯ 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-DD), 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 are the current living arrangements?

◯ 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-DD), 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 are the current living arrangements?

◯ 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-DD), 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 are the current living arrangements?

◯ 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-DD), 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 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

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. If you prefer to receive your payment by cheque, do not enter direct deposit information.

To enroll for direct deposit banking, you must provide your banking information below.

Branch number (5 digits)

_____

Institution number (3 digits)

_____

Account number (maximum of 12 digits)

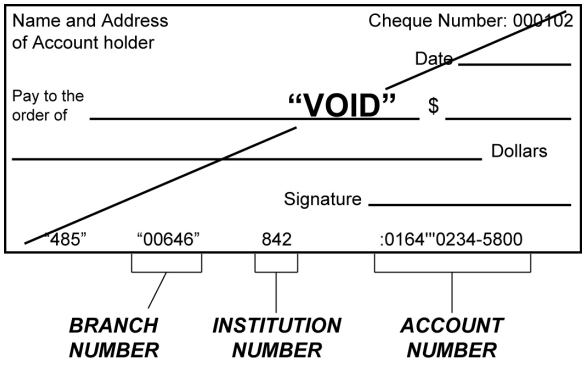
_____

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 1-613-957-1954 from all other countries (collect calls are accepted). The form and a list of countries where direct deposit service is available can be found at **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 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 could a delay in processing your application.

◯ **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 representative** on page 16 of this application.

To be completed by a witness only if the applicant signs 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 - Consent to communicate information to an authorized person

The form allows you to name a person (such as your spouse, partner, other family member or friend) to communicate on your behalf with Service Canada regarding your Canada Pension Plan (CPP) and Old Age Security (OAS) benefits. It allows Service Canada to communicate to this authorized person your personal information concerning CPP/OAS benefits, payments, income, contributions and changes to your address (excluding the address where your cheque is mailed or the bank account where the payment is deposited). It **does not provide authority** for the person to apply for benefits for you, change your payment address or request/change voluntary tax withhold. If our records indicate that a legal representative, such as a Power of Attorney or Trustee, is authorized to act on your behalf, all communications will be made through that legal representative.

Note: Third parties are not currently authorized to use the CPP/OAS On-line Services.

I1 Your consent (you must complete and sign this section)

First name | Initial | Family name | Social Insurance Number

I hereby give my consent for Service Canada to communicate **personal information on my behalf** and to act on information received from **the authorized person, named in question I2, concerning CPP/OAS benefits, payments, income, contributions and changes to my address** (excluding the address where my cheque is mailed or the bank account where the payment is deposited) **on the programs below:**

Check applicable box(es): ☐ Canada Pension Plan ☐ Old Age Security

The consent form **does not provide authority** to the person to apply for benefits on my behalf or to change my payment address (the address where my cheque is mailed or the bank account where the payment is deposited) or request/change voluntary tax withhold. I understand that this consent remains valid unless I cancel it in writing and that it is only valid if Service Canada receives this form within one year from the date I sign it. I also understand that this consent is revoked in the event of my death.

Your signature **Date** (YYYY-MM-DD)

I2 The person you would like us to communicate with must complete and sign this section

Relationship to client:

First name | Initial | Family name

Telephone numbers: Home Work Other

Complete mailing address (No., Street, Apt., PO Box, RR), City/Town, Province/Territory, Country, Postal code

I understand that I can communicate with Service Canada on the program(s) checked off above to give and receive personal information on behalf of the person named in question I1. I also understand that I **do not have the authority** to apply for a benefit or to change the payment address (the address where the cheque is mailed or the bank account where the payment is deposited) or request/change voluntary tax withhold on this person's behalf.

Signature **Date** (YYYY-MM-DD)

Protection of your personal information

CPP and OAS cannot give your personal information to any person or organization without your written consent, except where authorized by CPP or OAS legislation. You (or your legal representative) have the right to request a copy of the information in your file.

Section J - 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.

Submitting this application 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 application. 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. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that country's law and the *Canada Pension Plan*.

Service Canada may use or share the information you provide for policy analysis, research and/or evaluation activities within ESDC. These uses or activities will not affect any administrative decisions made about you.

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**.

Signature of applicant

I hereby apply for a disability 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 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.

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 only 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	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 representative** 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	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.

Where 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 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 (former) spouse/common-law partner complete the waiver of rights (E). - Provide a letter from 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 - Photocopies of original documents

Please send photocopies 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 12?
- ☐ If you are giving permission to another person to give or receive information from Service Canada on your behalf, have you read and signed the Consent to communicate information to an authorized person on page 13?
- ☐ Have you read and signed the Declaration and signature on page 14?
- ☐ Have you completed **Sections 1 and 2** of the **Terminal Illness Medical Attestation**?
- ☐ Have you asked your doctor or nurse practitioner to complete **Section 3** of the **Terminal Illness Medical Attestation** and mail it to Service Canada?

  DO NOT WAIT for your doctor or nurse practitioner to complete the Terminal Illness Medical Attestation before sending your completed Terminal Illness 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 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 sheets 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

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:

the information you and your doctor or nurse practitioner provide will be reviewed by a CPP disability medical adjudicator.

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.