Canada / Malta Agreement

Applying for Maltese Invalidity Benefit

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, 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 legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton, AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

DIVIŻJONI TAS-
Sigurtà Soċjali

38, Ordnance Street,
Valletta VLT 2000 - MALTA
Tel: 2590 3420 Fax: 2590 3282
e-mail: iru.dss@gov.mt
website: http://www.msp.gov.mt

APPLICATION
for INVALIDITY PENSION

Under the Social Security Agreement between
MALTA and CANADA

Application received by Service Canada Office on: | | | | | | | | |

1. PERSONAL DETAILS

Maltese I.D. Number: | | | | | | | | |

Maltese Social Security No: | | | | | | | | | | |

Canadian Insurance. No. *(if known)* | | | | | | | | | | |

Given Name: Surname:

Maiden Surname (in case of married female):

Address:

E-Mail:

Telephone Number: | | | | | | | | | | | | |

Date of Birth: | | | | | | |

Status: single ☐

married ☐ Date of Marriage: | | | | | | |

divorced / separated and provides alimony to spouse ☐
(Please attach deed of separation)

divorced / separated and does not provide alimony to spouse ☐
(Please attach deed of separation)

* Spouse's Given Name:

* Spouse's Surname:
(Maiden Surname in case of female spouse)

* Spouse's Maltese I.D. No.: | | | | | | | | |

* Spouse's Date of Birth: | | | | | | |

* Spouse's Canadian Insurance No.: | | | | | | | | | | |

*** Mandatory requirements**

Are you receiving or expecting to receive a pension (other than the SERVICE CANADA pension) for services rendered to one or more of your former EMPLOYERS (1) (inside and outside Canada)?
If YES please enter the information and comply with the instructions shown hereunder.

YES ☐ NO ☐

If YES: From where and effective date | | | | | | |

Kindly attach documentation showing the amount as on the FIRST payment date of pension you are receiving or expecting to receive.

(1) e.g. a private company pension, superannuation fund, retirement savings account, etc.

2. EMPLOYMENT HISTORY IN MALTA

Your last employment in MALTA:

Employer / Company (1)	Grade / Designation	Year	Weekly Income (2)

(1) If available, please attach any relevant documentation, e.g. letter of appointment / contract, termination of employment certificate, letter of reference by employer, statement of payee earnings, emoluments record;
(2) If you do not remember the basic salary leave empty.

3. CANADIAN RESIDENCE

Information required to support an application for benefits under a social security agreement

Account No: ..... CAG .....

A. If born outside Canada provide:

Place of entry to Canada: .....

Date of entry to Canada: | | | | | | | | |

B. List the places where you have lived in Canada from age 18 to present:
(If required, please provide additional information on a separate sheet of paper and attach to this form)

FROM Month/Year	TO Month/Year	CITY, TOWN OR VILLAGE	COUNTRY OR DISTRICT	PROVINCE OR COUNTRY

C. List all absences from Canada of more than 90 days during the periods of residence you have listed above:
(If required, please provide additional information on a separate sheet of paper and attach to this form)

DEPARTED Day / Month / Year	COUNTRY OR COUNTRIES VISITED	RETURNED Day / Month / Year

D. List names, addresses and telephone numbers of at least two persons not related to you by blood or marrriage, who can confirm the facts of your residence as stated above:
(If required, please provide additional information on a separate sheet of paper and attach to this form)

NAME	ADDRESS	TELEPHONE NUMBER

E. List name(s), address(es) and telephone number(s) of your employer(s) in Canada:
(If required, please provide additional information on a separate sheet of paper and attach to this form)

NAME	ADDRESS	TELEPHONE NUMBER

4. DECLARATION OF TERMINATION OF EMPLOYMENT

I declare that employee terminated employment on | | | | | | |

EMPLOYER / COMPANY DETAILS

Name:

Address:

E-Mail:

Employer's Signature | Employer's Designation | Employee's Signature

Please turn overleaf.

5. MEDICAL ASSESSMENT REPORT

Part I (Current Assessment)

The following section is to be completed by the certifying medical practitioner / consultant.
The information submitted shall guide the Medical Professionals to provide a recommendation to the Director of Social Security.

a) Date of Assessment

b) Applicant's Details

Height (cm) | Weight (kg) | Blood Pressure

c) Additional information for this assessment :
This may include but is not restricted to:

- the applicant's positive attitude and / or approach to health management;
- genetic treatment and / or other programmes which have been undertaken or are already in place to improve level of functioning;
- relevant educational, training or work history;
- important socio-cultural and / or psycho-social issues which affect level of functioning, etc.

Instructions for Medical Practitioner / Consultant

Please provide details of diagnosis and clincal features of current conditions.
You may need to attach a separate sheet.

d) Clinical history and examination:
Include history, symptoms and their severity, examination findings, frequency and management of pain episodes (if applicable), treatment options, prognosis, and other features.

e) How does this condition affect the applicant's ability to function?:
Be specific and consider the effects due to the medical condition alone.

f) The function impact of this condition is:

Temporary: ☐ Explain in the space below:

This is an aggravation of an existing condition YES ☐ NO ☐

Permanent: ☐ Explain in the space below:

g) What treatment is given to the applicant?

h) Does the applicant have a medical history at a state hospital? YES ☐ NO ☐

Does the applicant have a medical history at a private hospital or clinic? YES ☐ NO ☐

(If the answer is YES, provide medical history)

Part II (Capacity for work or training)

Instructions for Medical Practitioner / Consultant

Part II is to provide a holistic summary of the applicant's current and potential capacity for work.

- Only those conditions identified as "Permanent" should be considered in assessing the applicant's work capacity.
- Please rate how the applicant's medical condition would effect his / her capacity to work over the next two years.
- Please tick one option for each question.
- Please answer even if the applicant has not worked for some time.

a) Indicate the applicant's current capacity to do any work without any intervention programmes:
Eg. vocational, pre-vocational and / or educational.

Number of hours per week	Current	Within 6 months	Between 6 and 12 months	More than 12 months
From 0 to 7				
From 8 to 14				
From 15 to 29				
More than 30				

Type of work
Suggested suitable work

Give reasons for work capacity and type of work recommendations

b) Indicate the applicant's capacity to do any work with educational training, vocational training or on--the- job training:
(i.e. Mainstreaming programmes not designed for people with physical, intellectual or psychiatric impairments.)

Number of hours per week	Current	Within 6 months	Between 6 and 12 months	More than 12 months
From 0 to 7				
From 8 to 14				
From 15 to 29				
More than 30				

Type of work
Suggested suitable work

Give reasons for work capacity and type of work recommendations

c) Indicate the applicant's capacity to do any work with disability specific intervention:
(i.e. programmes designed specifically for people with physical, intellectual or psychiatric impairments Eg. vocational rehabilitation, disability employment services.)

Number of hours per week	Current	Within 6 months	Between 6 and 12 months	More than 12 months
From 0 to 7				
From 8 to 14				
From 15 to 29				
More than 30				

Type of work
Suggested suitable work

Give reasons for work capacity and type of work recommendations

d) What type (s) of assistance would best enable the applicant to return to work?

- No assistance required ☐
- Educational Training ☐
- Vocational / work training and rehabilitation ☐
- On-the-job training ☐
- Voluntary Work ☐
- Other means of assistance (give details) ☐ ▶
- Would not benefit from participation in programmes ☐

e) Indicate the applicant's interest in pursuing assistance to return to work

None ☐ Minimal ☐ Moderate ☐ Substantial ☐

Give details

Part III (Medical Practitioner / Consultant's Details and Declaration)

I hereby declare that to the best of my knowledge all information given in Part 5 is accurate and correct.

Name of Medical Practitioner/Consultant:

Address:

Telephone Number:

E-mail:

Signature

Rubber Stamp

Date:

6. BANK ACCOUNT DETAILS

Benefit should be deposited either in a Canadian or a Maltese Savings or Current Account but not in a Loan Account. The account should be in the name of the beneficiary.

Acct. No.

Bank:

Acct. Name.

Transit No:

Bank Ref. No.

7. DECLARATION

- I declare, that all information given is to my knowledge true, complete and correct. I understand that if the information given is false, I will be penalised as stipulated by Law and also lose the right for all or part of the benefit as stipulated by the Maltese Social Security Act (Cap 318)
- I authorise the Director (Benefits) Malta and Service Canada, to perform all the necessary investigations nd to exchange any necassary information to determine the correct entitlement of this benefit.
- I bind myself to inform immediately the Director (Benefits) Malta, of any changes in circumstance as indicated in this form. (eg.: if I start working again.)
- I am aware that if in the future it transpires that I had no right for Invalidity Pension, I will have to refund to the Social Security Division Malta, such monies for which I was not entitled.

Any missing information may entail to a disallowance or a delay in the process of your application.

Date

Signature

8. NECESSARY DOCUMENTS

- ☐ Marriage Certificate
- ☐ Spouse's Birth Certificate
- ☐ Official documentary evidence that alimony was provided if divorced / separated
- ☐ Detailed Medical Report

Data Protection Declaration:

The Social Security Division collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap 318). The Division may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

The Social Security Division treats your personal information in accordance with the Data Protection Act, (Cap 440) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to: "The Data Controller" at the Division and appropriate action would be taken at the earliest possible time. In making such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.

Canada / Malta Agreement

Documents and/or information required to support your application
[App_IP_can_v2.3]
for a Maltese Invalidity Pension

Original or certified copies of the following to be submitted:

- Birth certificate
- If available, Maltese employment documents (e.g. letters of appointment, employment contracts, employment certificates, letters from employers, pay statements, etc.)

If applicable, original or certified copies of the following to be submitted:

- Marriage certificate
- Birth certificate for your spouse
- Deed of separation
- Proof of alimony payment
- For benefit payments other than Canada Pension Plan or Old Age Security: proof of effective date and amount of first payment

If applicable, photocopy of the following to be submitted:

- Medical documentation previously submitted in support of an application for a CPP disability pension

IMPORTANT: If you have already submitted any of the required documents when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.