

Canada/Antigua and Barbuda Agreement

Applying for an Antigua and Barbuda age 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; Commissioner for Oaths; 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, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, 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; Professional Engineer; Social Worker; Teacher, University Professor.

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.

ANTIGUA-BARBUDA SOCIAL SECURITY BOARD

APPLICATION FOR AGE BENEFIT

1. NAME: _____
Surname Other Names

2. Soc. Sec. No.

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3. Date of Birth

D	M	Y

4. Telephone No.

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5. ADDRESS _____

6. MARITAL STATUS: Single ☐ Married ☐ Widowed ☐ Divorced ☐

7. NAME OF SPOUSE (if any) _____

8. EMPLOYMENT RECORD:

Year		Employer
From	To	

9. Make Cheques Payable To:
NAME _____
ADDRESS _____

10. _____
Signature of Applicant

Date

FOR OFFICIAL USE ONLY

11. COMMENTS OF INTERVIEWER

12.

Signature of Interviewer _____

_____ Date

A. Number of c'tions on record up to 60th birthday

B. First c'tion year

C. 1) For all persons:

Amount of c'tion if "A" is less than 156

\$

2) For one whose first c'tion was paid as an employed person:

Amount of c'tion if "A" is less than 350 and "B" is after 1974

\$

3) For one whose first c'tion was paid as self-employed:

Amount of c'tion if "A" is less than 350 and "B" is after 1981

\$

D.

Year	Earnings		No. of C'tions	Annual Insurable Earnings	
TOTAL					

Prepared by _____ Checked by _____ Audited by _____

Date _____

Date _____

Date _____

Canada/Antigua and Barbuda Agreement

Documents and/or information required to support your application for an Antigua and Barbuda age benefit

Complete the attached form(s):

- *Canadian Residence* [SC ISP5013]

Originals or certified copies to be submitted:

- Your birth certificate
- Identification page of your passport
- Marriage certificate, if applicable
- Divorce decree, if applicable
- Document(s) for any name change other than marriage or divorce, if applicable
- Proof of the dates of your entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)

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



CANADIAN RESIDENCE

Canadian Social Insurance Number: _____

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Miss

Given Name and Initial

Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If you were born outside of Canada, please provide us with the following information:

Date of arrival in Canada (YYYY-MM-DD): _____

Place of arrival in Canada: _____

2. List all the places where you have lived in Canada after the age of 18 and provide proof of all your entries and departures (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	To YYYY-MM-DD	City	Province/Territory

3. List all absences from Canada, which were longer than six months, during your Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	Return YYYY-MM-DD	Destination	Reason

Canadian Social Insurance Number: _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you by blood or marriage, who can confirm your Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

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 the *Old Age Security Act*, 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

Date (YYYY-MM-DD)

X _____

Telephone number
