Canada/Antigua and Barbuda Agreement

Applying for an Antigua and Barbuda survivor's 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.

SOCIAL SECURITY ACT 1972

Claim For Survivors Benefits

1. Particulars of the deceased

.....

Surname Other names

Last address .....verified D.O.B.

Name of last employer .....verified D.O.D.

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2. Particularsof claimant who is the widow, invalid widow or common-law spouse

.....Relationship.....

Surname Other names

Address (if different from above) .....

.....

Verified D.O.B. Verified D.O.M.

(if claimant is common law spouse, he/she must answer the following questions as well as produce tangible evidence to satisfy the conditions of the regulation).

(a) At the time of death was there a surviving spouse? _____

(b) Are you married to someone else? _____

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3. PARTICULARS OF CHILDREN (if applicable)

NAME	SEX	Name of parent other than that in "Section 1"	D.O.B Particulars					
			D	M	Y	Page	No.	Parish

Signature of claimant ..... Date .....

Signature of Interviewer .....

(For an applicant other than in section 2)

NAME ..... Relationship to Children .....

Address ..... Signature .....

.....

Signature of Interviewer ..... Date .....

CONTRIBUTION RECORD

TOTAL NUMBER OF CONTRIBUTION ON RECORD _____ DATE OF FIRST CONTRIBUTION [ ][ ][ ] D M Y

AVERAGE EARNINGS TABLE

YEAR	INSURABLE EARNINGS		# OF CONTRIBUTION	ANNUAL INSURABLE EARNINGS	

COMMENTS:

.....

.....

.....

.....

.....

.....

.....

Prepared by: ..... Checked by: .....

Date: ..... Date: .....

---

1. Average insurable earnings $ _____(2). Deceased would have qualified for _____% of annual insurable earnings.
3. Weekly rate of benefit that would have been payable to the deceased is

$$\frac{\text{X}}{52} =$$

Rate Of Pension Payable To:-

Spouse _____ 50% = $

Children _____ 20% = $

_____ 20% = $

_____

_____

_____

_____

PENSION FROM [ ][ ][ ]

D M Y

SCHEDULE NO.	PREPARED BY	CHECKED BY	APPROVED BY
.....	.....	.....	.....

Canada/Antigua and Barbuda Agreement

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

Complete the attached forms:

- ***Canadian Residence – Information regarding the deceased*** **[SC ISP5015]**
- ***Declaration of Attendance at School or University*** **[ISP-1401C]** (for children between the ages of 16 and 18 who are attending school)

Originals or certified copies to be submitted:

- Birth certificate for you, the deceased and any children declared on your application
- Marriage certificate, if applicable
- Identification page of your passport
- Death certificate
- Proof of the deceased's date(s) of entry into and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)

Original document to be submitted, if applicable:

- Proof of your invalidity if you are a widower

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.

Service Canada

PROTECTED B (when completed)

Personal Information Bank ESDC PPU 175

CANADIAN RESIDENCE - INFORMATION REGARDING A DECEASED PERSON

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 the deceased was 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 the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (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 his/her Canadian residence listed in number 2 above:

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

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

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you or the deceased by blood or marriage, who can confirm his/her 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

X _____

Date (YYYY-MM-DD)

_____

Telephone number

_____

Service Canada

PROTECTED B (when completed)

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT AFTER THE START OF FIRST DAY OF CLASS

1. Contributor's Social Insurance Number	Contributor's Given Name and Initial		Family Name
2. Your Social Insurance Number	Preferred Language ◯ English ◯ French	Your Given Name and Initial	Family Name

3. Your Home Address	Home Address (No., Street, Apt. No.,R.R.)		City, Town or Village
	Province or Territory	Country	Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt. No., P.O. Box, R.R.)		City, Town or Village
	Province or Territory	Country	Postal Code

5A. Student ID Number	**5B.** Name of School, University, College, Training Centre, etc.

6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) ◯ Full Time ◯ Evening ◯ Other	**6B.** Number of courses per Term	**6C.** Enrolled In (Specify Course, Grade or Program)

7A Number of hours you are required to attend for course, grade or program. Hours per week	**7B** When did your current attendance begin? YYYY MM DD	**7C** When will your current attendance end? YYYY MM DD

8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A if "Evening" or "Other" was selected.

9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in question 1? ◯ Yes ◯ No

Social Insurance Number of that Contributor

10. Direct deposit (for Canada only) *For direct deposit to a financial institution outside Canada, please contact us.*

If your application is approved, your monthly payments will be deposited into <u>your</u> account at your financial institution. Complete the boxes below (you may need to contact your financial institution to get this information).

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

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

SECTION B - DECLARATION AND SIGNATURE

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing 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 information you provide may be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

The 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 *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, 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 law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank ESDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: www.infosource.gc.ca. Info Source may also be accessed online at any Service Canada Centre.

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 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 Student	Date of Application YYYY MM DD	Telephone Number (including area code)
X		

SECTION C - TO BE COMPLETED BY SCHOOL OR UNIVERSITY AFTER THE START OF FIRST DAY OF CLASS

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:

Additional comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? ◯ Yes ◯ No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date / Telephone Number

FOR OFFICE USE ONLY

Approved pursuant to Section 59 of the Canada Pension Plan for continuing payment until advised otherwise.

Authorized signature **Date**