Canada/Croatia Agreement

Applying for a Croatian survivors' pension

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.

HRVATSKI ZAVOD ZA MIROVINSKO OSIGURANJE
SREDIŠNJA SLUŽBA
✉ 10000 ZAGREB, Ul. A. Mihanovića 3 ☎Telefon 385/1/45 95 500 Telefaks 385/1/45 95 066

CAN/HR 4

Zahtjev za obiteljsku mirovinu
Demande de pension de survivant
Application for survivors benefits

Mjesto za potvrdu i napomene tijela za vezu
Espace pour attestations et remarques de l'institution de sécurité sociale
For use by the social security institution only

Datum podnošenja zahtjeva
Date du dépôt de la demande
Claim submitted on:

Molimo pišite čitko!
Prière d'écrire lisiblement
Please print!
Pitanja s alternativnim odgovorom označite ☒
Pour les questions posant une alternative, marquer d'une croix ce qui convient ☒
Mark questions with alternative answer with ☒

OB (osobni broj) u Hrvatskoj /__/__/__/__/__/__/__/__/__/__/__/
Numéro personnel d'identification de la Croatie
Croatian Personal Identification Number

JMBG (jedinstveni matični broj građana) u Hrvatskoj /__/__/__/__/__/__/__/__/__/__/__/__/__/
Numéro d'enregistrement des citoyens de la Croatie
Croatian Citizen's Registration Number

Kanadski broj socijalnog osiguranja |__/__/__|__/__/__|__/__/__|
Numéro d'assurance sociale canadien
Canadian Social Insurance Number

A. Osobni podaci o umrlom osiguraniku
A. État personnel de l'assuré décédé
A. Personal information about the deceased contributor

1. Prezime
   Nom
   Family name ……

Navedite sva imena i podvucite uobičajeno ime
Indiquer tous les prénoms et souligner le prénom usuel
Indicate all names and underline common name

SPOL/ SEXE / SEX
ženski/fém /female ☐ muški/masc./male ☐

2. Ime
   Prénoms
   Given name ……

3. Ime oca
   Prénoms du père
   Father's name ……
   Ime i djevojačko prezime majke
   Prénoms et nom de jeune fille de la mère
   Mother's given name and family name at birth ……

4. Datum i mjesto rođenja
   Date et lieu de naissance
   Date and place of birth ……

Dan, mjesec, godina
Jour, mois, année
Day, month, year

5. Datum smrti
   Date de décès
   Date of death ……. ……

6. Državljanstvo
   Nationalité
   Nationality ……..……..……..……

Poštanski broj, mjesto, ulica i broj, država

7. Adresa — Code postal, ville, rue et numéro, pays
   Adresse — Postal code, city, street and no., country
   Address ……..……..……..

……..……..…

…..……..…..

Prezime,ime i adresa skrbnika

8. Za osobe pod skrbništvom — Nom et adresse du tuteur
   Pour les personnes sous tutelle — Family name, given name and address of guardian
   For persons under guardianship ……..……..……

..……..…

Mjesto za potvrdu i napomene tijela za vezu
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B. Osobni podaci o udovici-udovcu
B. État personnel du conjoint survivant
B. Personal information about surviving spouse

Za osiguranice udane ili udovice navedite i djevojačko prezime

1. Prezime — Pour les assurées mariées ou veuves, indiquer aussi le nom de jeune fille
   Nom — For female contributor (married or widowed) indicate family name at birth
   Family name ……..……..……..

Navedite sva imena i podvucite uobičajeno ime
Indiquer tous les prénoms et souligner le prénom usuel
Indicate all names and underline common name

SPOL/ SEXE / SEX
ženski/fém./female ☐ muški/masc./male ☐

2. Ime
   Prénoms
   Given name ……..……..……..……

3. Datum i mjesto rođenja
   Date et lieu de naissance
   Date and place of birth ……..……..…

Dan, mjesec, godina
Jour, mois, année
Day, month, year

4. Datum vjenčanja
   Date du mariage
   Date of marriage ……..……..……

Dan, mjesec, godina
Jour, mois, année
Day, month, year

5. Državljanstvo
   Nationalité
   Nationality ……..……..……..…

Poštanski broj, mjesto, ulica i broj, država

6. Adresa — Code postal, ville, rue et numéro, pays
   Adresse — Postal code, city, street and no., country
   Address …..……..……..……

……..……..…

…..……..……..

C. Osobni podaci o djeci osiguranika
(bračna, izvanbračna, usvojena, pastorčad)
C. État personnel des enfants de l'assuré
(légitimes, naturels, adoptés, les enfants de son conjoint)
C. Personal information about contributor's children
(legitimate, illegitimate, adopted, step-children)

Mjesto za potvrdu i napomene tijela za vezu
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1. Osobni podaci o djeci mlađoj od 15 godina za koju se traži obiteljska mirovina
État personnel des enfants âgés de moins de 15 ans pour lesquels une pension est demandée
Personal information about children under the age of 15 for whom a pension is requested

Prezime Nom Family name	Ime Prénoms Given name	Datum rođenja dan, mjesec, godina Date de naissance jour, mois, année Date of birth day, month, year	SPOL/ SEXE/SEX ženski féminin female	 muški masculin male
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. a) Djeca od 15-26 godina koja se školuju ili su na učenju zanata
Enfants âgés de 15 à 26 ans, qui font un apprentissage ou des études
Children age 15-26 in full-time attendance at school or in an apprenticeship

Prezime Nom Family name	Ime Prénoms Given name	Datum rođenja dan, mjesec, godina Date de naissance jour, mois, année Date of birth day, month, year	SPOL/SEXE/SEX ženski féminin female	 muški masculin male
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Priložite dokaz o školovanju
Joindre les certificats de scolarité
Enclose proof of schooling

b) Djeca starija od 15 godina kod kojih je utvrđena invalidnost
Enfants agés de plus de 15 ans, chez qui l'invalidité a été constatée
Children over 15 years of age with established disability

Prezime Nom Family name	Ime Prénoms Given name	Datum rođenja dan, mjesec, godina Date de naissance jour, mois, année Date of birth day, month, year	SPOL/SEXE/SEX ženski féminin female	 muški masculin male
			☐	☐
			☐	☐
			☐	☐

Priložite dokaz o invalidnosti
Joindre la preuve concernant l'invalidité
Enclose proof of disability

3. Ima li djece pod skrbništvom
Ya-t-il des enfants sous tutelle
Are there any children under guardianship

da/oui /yes ☐ ne/non/no ☐

……

……

3.1. Ako ima naznačite ime i adresu skrbnika
Si oui, indiquer le nom et l'adresse du tuteur
If yes, indicate name and address of guardian

……

……

……

……

3.2. Adresa skrbničkog tijela
Adresse de l'autorité tutélaire
Address of institution having guardianship

……

……

Skrbnik u ustanovi
Tuteur à l'institution
Guardian in institution

……

……

4. a) Roditelji koje je osiguranik uzdržavao
Les parents de l'assuré qui étaient à sa charge
Contributor's parents whom the contributor supported

Prezime Nom Family name	Ime Prénoms Given name	Datum rođenja dan, mjesec, godina Date de naissance jour, mois, année Date of birth day, month, year	SPOL/SEXE/SEX ženski féminin female	 muški masculin male
			☐	☐
			☐	☐
			☐	☐

b) Priložite potvrdu o uzdržavanju
Joindre le certificat correspondant
Submit proof of support

Mjesto za potvrdu i napomene tijela za vezu
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D. Posebni podaci o razvedenom supružniku
D. Indications particulières concernant le conjoint divorcé
D- Particular information about a divorced spouse

Na ovo pitanje treba odgovoriti razvedeni supružnik:
Questions auxquelles doit répondre le conjoint divorcé:
Questions for a divorced spouse:

Je li vam bivši supružnik pri razvodu bio obavezan plaćati alimentaciju?
Votre conjoint a-t-il été tenu, lors du divorce, de vous verser une pension alimentaire?
Was your ex spouse, upon the divorce, obliged to pay alimony?

da/oui/yes ☐ ne/non/no ☐

Ako je, treba priložiti presudu o razvodu
Si oui, joindre le jugement ou la convention de divorce
If yes, submit the divorce verdict

……

……

……

Mjesto za potvrdu i napomene tijela za vezu
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For use by the social security institution only

E. Dodatni podaci o udovici-udovcu ili razvedenom supružniku
E. Indications complémentaires concernant la veuve - le veuf ou le conjoint divorcé
E. Supplementary information about widowed or divorced spouse

1. Je li udovica-udovac ili razvedeni supružnik pod skrbništvom
   La veuve - le veuf ou le conjoint divorcé est-il sous tutelle
   Is the widow/widower or divorced spouse under guardianship

da/oui/yes ☐ ne/non/no ☐

……

……

……

Ako je, navedite ime i adresu skrbnika
Si oui, indiquer le nom et l'adresse du tuteur
If yes, indicate full name and address of guardian

……

……

……

……

2. Je li udovica-udovac ili razvedeni supružnik zaposlen?
   Est-ce que la veuve - le veuf ou le conjoint divorcé travaille?
   Does the widow/widower or divorced spouse work?

da/oui/yes ☐ ne/non/no ☐

……

……

……

Ako nije navedite datum prestanka zaposlenja
Si non, date de cessation du travail
If not, indicate the date employment ceased

……

……

……

3. Je li udovica-udovac ili razvedeni supružnik korisnik osobne mirovine?
   Est-ce que la veuve - le veuf ou le conjoint divorcé reçoit une pension personnelle?
   Does the widow/widower or divorced spouse receive his/her own pension?

da/oui/yes ☐ ne/non/no ☐

……

……

……

Ako je, priložite kopiju rješenja
Si oui, joindre la copie de la décision
If yes, submit a copy of the decision
……

……

4. Podaci o invalidnosti:
Renseignements concernant l'invalidité
Information about disability

Je li udovica-udovac ili razvedeni supružnik nesposoban za rad?
Est-ce que la veuve - le veuf ou le conjoint divorcé est invalide?
Is the widow/widower or divorced spouse disabled?

da/oui/yes ☐ ne/non/no ☐

Ako da, priložite postojeću medicinsku dokumentaciju
Si oui, joindre la documentation médicale existante
If yes, submit existing medical documentation
……

……

……

Mjesto za potvrdu i napomene tijela za vezu
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F. U svim slučajevima treba odgovoriti na pitanja (od 1 do 5)
F. Questions auxquelles il faut répondre dans tous les cas (de 1 à 5)
F. Questions which must be answered in all cases (from 1 to 5)

1. Isplaćuje li se invalidsko ili starosno davanje iz hrvatskog osiguranja ili je traženo njihovo priznanje za umrlog osiguranika?
Des prestations croates de l'assurance-invalidité ou vieillesse sont-elles versées ou leur octroi a-t-il été demandé pour l'assuré décédé?
Are benefits from the Croatian pension and disability insurance being paid or have they been requested for the deceased contributor?

da/oui/yes ☐ ne/non/no ☐

Ako se isplaćuje, putem koje ustanove i od kada?
Si oui, par quelle institution et depuis quand?
If yes, through which institution and since when?
……

……

……

2. Gdje i koliko je vremena umrli osiguranik bio zaposlen u Hrvatskoj?
Où et pendant combien de temps, l'assuré décédé a-t-il exercé une activité lucrative en Croatie?
Where and when was the deceased contributor employed in Croatia?

Mjesto zaposlenja Lieu de travail Place of work	Prezime, ime i adresa poslodavca (za osobe koje su obavljale samostalnu djelatnost - vrstu djelatnosti) Nom et adresse de l'employeur (pour les personnes ayant exercé une activité indépendante: genre d'activité) Full name and address of employer (for self-employed: type of business)	od du from	do au to

……

……

……

……

……

……

3. Je li smrt osiguranika bila uzrokovana nesrećom?
   Le décès de l'assuré a-t-il été causé par un accident?
   Was the death of the contributor caused by an accident?

   da/oui/yes ☐ ne/non/no ☐

   Je li djelo treće osobe
   Est-il le fait d'un tiers
   By a third person

   da/oui/yes ☐ ne/non/no ☐

Mjesto za potvrdu i napomene tijela za vezu
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Ako je, ime i prezime, adresa osobe koja je uzrokovala nesreću:
Si oui, indiquer le nom, prénom et adresse de la personne qui a causé l'accident:
If yes, write full name and address of person who caused the accident:

……

……

……

……

4. Jesu li zatražena davanja od obveznog osiguranja za slučaj nesreće na poslu u Kanadi?
   Des prestations ont-elles déjà été demandées de l'assurance accidents de travail au Canada?
   Have benefits in case of a work accident in Canada already been requested?

   da/oui/yes ☐ ne/non/no ☐

……

……

……

……

5. Želite li isplatu mirovine:
Désirez-vous le versement de vos prestations
   Do you want the payment of your benefits to be sent

   a) putem banke / par intermédiaire d'une banque / to a bank account ☐

   b) na kućnu adresu / directement à votre domicile / to your home address ☐

-ako želite isplatu putem banke, navedite naziv i adresu banke i broj Vašeg računa:
-si vous désirez le versement par intermédiaire d'une banque indiquez le nom et l'adresse de la banque et votre numéro de compte:
-if you want your payment to be sent to your bank account, indicate the name and address of the bank and number of your bank account:

……

……

G. Popis priloženih dokumenata
G. Liste des annexes
G. List of enclosed documents

a) Radna knjižica i sve potvrde o radu u Hrvatskoj za umrlog osiguranika
   Livret de travail et tous les certificats concernant le travail de l'assuré décédé en Croatie
   Deceased contributor's working book and all certificates relating to work in Croatia

Broj priloženih dokumenata: ……
Nombre de documents joints:
Number of enclosed documents:

Mjesto za potvrdu i napomene tijela za vezu
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……

……

……

……

b) Dokazni dokumenti odnose se na brojeve C2, E4
Pièces justificatives relatives aux chiffres C2, E4
The documentary proof referred to in numbers C2, E4

……

……

c) Drugi dokazni dokumenti:
Autres annexes:
Other documents:

……

……

……

……

Potpisani (potpisana) tvrdi da je potpuno i točno odgovorio (odgovorila) na pitanja
Le (la) soussigné (e) certifie que les réponses ci-dessus sont complètes et conformes à la vérité
The undersigned claims that the answers to the questions are complete and true

Datum ……..
Date
Date

Potpis nadživjele osobe ili njegovog zastupnika:
Signature du survivant (ou de la survivante) ou de son représentant:
Signature of survivor or his/her representative

Prezime i ime
Nom et prénom
Family name and name

……

……

Adresa zastupnika ako nadživjela osoba sama ne potpisuje
Adresse du représentant si le survivant ne signe pas lui (elle)-même
Address of representative if survivor doesn't sign himself/herself

……

……

……

……

……

Dolje potpisano tijelo za vezu sukladno odredbi članka 4. Administrativnog sporazuma potvrđuje valjanost priloženih službenih dokumenata.
L'institution de sécurité sociale, en application du paragraphe 4 de l'Arrangement administratif, confirme la validité des pièces officielles ci-jointes.
The undersigned social security institution, in accordance with paragraph 4 of the Administrative Arrangement, confirms the validity of the enclosed official documents.

……..…….

……..

……..

Mjesto i datum Lieu et date Place and date	Pečat i potpis Signature et cachet Signature and stamp
..……..	…….

Canada/Croatia Agreement

Documents and/or information required to support your application [CAN/HR 4] for a Croatian survivors' pension

You must complete the attached form:

- ***Declaration of Attendance at School or University*** **[ISP-1401-IO]** (for children between the ages of 15 and 26 who are attending school)

You must submit original or certified true copies of the following documents:

- Birth certificate for you, the deceased and any dependent children
- Proof of nationality for you and the deceased (e.g., current passport, citizenship certificate, etc.)
- Marriage certificate
- Death certificate
- If you are divorced and the deceased was obliged to pay alimony, the judicial decision
- Proof of pension if you are receiving your own pension (only if you are receiving a pension other than an Old Age Security or Canada Pension Plan)
- Evidence of a common-law partnership, a life partnership (Excerpt from the Register of Life Partnerships (*Izvadak iz Registra životnog partnerstva*)) or an informal life partnership, if applicable
- Proof of employment in Croatia (e.g., workbooks, documents issued by employers, etc.) for the deceased
- Medical certificate confirming invalidity for a child, if applicable
- Medical certificate confirming invalidity for a widow/widower under age 50 who does not have dependent children, if applicable
- Medical certificate confirming invalidity for a mother of the deceased under age 50 or a father of the deceased under 60 and documentary proof that the parent was being supported by the deceased, if applicable

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 must still resubmit them.

Declaration of Attendance at School or University

If you are 18 to 25 years old, you must be attending a recognized educational institution full-time to receive a children's benefit (disabled contributor's child's benefit or surviving child's benefit). You must complete the declaration form when you first apply for a benefit, at the beginning of every school year and/or semester, and when you return to school after having left for a time.

Complete Sections A and B of this declaration and either: include a ***proof of enrolment** or have your school complete Section C after the start of the first day of classes.

Please indicate which option you have chosen to confirm your attendance at school or university to Service Canada:

◯ I am including a ***proof of enrolment** to support this declaration.

◯ I have had Section C signed by an authorized representative from my school or university after the start of the first day of classes.

Please ensure that Sections A and B have been completed and that you have either included:

- **a *proof of enrolment after the start of the first day of classes; or**
- **had Section C of the form validated and signed by school officials after the start of the first day of classes.**

Completing this form before the start of classes may result in a processing delay.

Once you have completed this form, send it to the nearest Service Canada office using mailing instructions on the last page. Include any supporting documentation. If you renewed your benefits online, you do not need to mail this form. Please refer to the information at the bottom of this page.

***Proof of enrolment**

What is a proof of enrolment document?

A proof of enrolment is an official document provided by the registrar's office at your school or university. It includes the following information:

- ✓ Student name
- ✓ Degree Program
- ✓ Student ID Number
- ✓ Name and address of school or university (it may also include a logo or watermark)
- ✓ School official's original or electronic signature
- ✓ Semester(s), term(s) or school year enrolled in
- ✓ Enrolment status for each semester(s), term(s) or school year. (full-time, half-time, less than half-time)

How to obtain a proof of enrolment document?

Most schools and universities provide proof of enrolment documents to students electronically. You may be able to print out the document using your student portal. You can also get proof of enrolment statements from the registrar's office at your school or university.

Declaration of Attendance at School or University

Section A - To be completed by student after the start of first day of classes

1. Contributor's Canadian Social Insurance Number	Contributor's given name and initials	Contributor's family name	
2. Your Canadian Social Insurance Number	Preferred language ◯ English ◯ French	Your given name and initials	Your family name
3. Your home address	Home address (No., Street, Apt. No., RR)	City, town or village	
	Province or territory	Country	Postal code
4. Mailing address (if different from home address)	Mailing address (No., Street, Apt. No., PO Box, RR)	City, town or village	
	Province or territory	Country	Postal code

5A. Telephone number (including area code)

5B. 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)

6A. Student identification number	**6B.** Name of recognized school, university, college, training centre, etc.	**6C.** Enrolled in (specify course, grade or program)

7A. Type of enrolment (if "Other", please provide an explanation in question 9). ◯ Full-Time ◯ Part-Time ◯ Other	**7B.** Full-time course load per term, semester or school year for course, grade or program	**7C.** Number of hours per week you must attend for course, grade or program

7D. Are these courses a requirement for enrolment to obtain a degree, certificate or diploma? ◯ Yes ◯ No

If yes, provide details:

8A. Number of courses you are attending per term, semester or school year	**8B.** When did your current attendance begin? YYYY-MM-DD	**8C.** When will your current attendance end? YYYY-MM-DD

9. Give duration and reasons for any absence(s) of more than 10 days in a row during your current and past academic year plus any additional explanation with reference to question 7A if "Other" was selected.

10. 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

If yes, provide the Canadian Social Insurance Number of that contributor

Section B - Attestation and signature – Sign and date this section after the start of your first day of classes

Your personal information is collected under the authority of the *Canada Pension Plan* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists the *Canada Pension Plan* as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow 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. Your personal information 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 however, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *Canada Pension Plan* and *Old Age Security Act*.

Your personal information is administered in accordance with the *Canada Pension Plan*, the *Privacy Act,* the *Department of Employment and Social Development Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank Canada Pension Plan Program (ESDC PPU 146). You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: **www.canada.ca/infosource-ESDC**. *Info Source* may also be accessed on-line 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**.

Important 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.

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand I must notify Service Canada should I **interrupt, terminate** or **reduce** 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 enrolment and attendance.

I hereby authorize the *Canada Pension Plan* Administration to provide information regarding my enrolment and attendance with the above school or university.

Signature of student

X _____

Date of application
YYYY-MM-DD

_____

Section C - Only to be completed by the school or university if you are not submitting a proof of enrolment document completed after the start of the first day of classes. This section can only be completed after the start of the first day of classes.

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:

Type of enrolment: ◯ Full-Time ◯ Part-Time

Does the course load meet or exceed the minimum requirement for the type of enrolment at your school or university? ◯ Yes ◯ No

Name and address of school or university	Name of authorized person
	Signature
	Title
	Date Telephone number