Canada/Jamaica Agreement

Applying for Jamaican Benefits

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.

APPLICATION FOR A JAMAICAN BENEFIT
UNDER THE AGREEMENT BETWEEN JAMAICA AND CANADA

INTERIM

GENERAL

1. Canadian Social Insurance No. | | | | | | | | | Jamaican National Insurance No. | | | | | | | | | |

2. Name *Mr. *Mrs. *Miss

First Middle Surname

a) Surname before marriage

b) What other names have you been known by, apart from the one given above?

3. Mailing address

4. Applicant's Date of Birth — Day | Month | Year

5. a) Name of Spouse

b) Spouse's Date of Birth — Day | Month | Year

c) Does he or she do any paid work?

6. Tick the benefit for which you wish to apply and note the required documents.

☐ **OLD AGE BENEFIT**
- birth certificate or any proof of birth including statutory declaration
- birth certificate of dependent spouse if applying for Dependent Spouse's Allowance
- marriage certificate

☐ **INVALIDITY BENEFIT**
- medical certificate
- birth certificate
- birth certificate of dependent spouse if applying for Dependent Spouse's Allowance
- marriage certificate

☐ **WIDOW'S BENEFIT**
- marriage certificate
- birth certificate
- death certificate

☐ **WIDOWER'S BENEFIT**
- marriage certificate
- birth certificate
- medical certificate
- death certificate

☐ **ORPHAN'S BENEFIT**
- marriage certificate
- death certificates
- child's (children's) birth certificate(s)

☐ **SPECIAL CHILD'S BENEFIT**
- child's (children's) birth certificate(s)
- death certificate
- statement of whereabouts of child's (children's) father

☐ **FUNERAL GRANT**
- death certificate
- receipt for burial
- pension order book (to be returned to Jamaica)

. Officials, please verify documents seen above by placing your initials beside certificate seen.

7. Have you or your spouse previously claimed a benefit under the Jamaica National Insurance Scheme?
☐ Yes ☐ No

8. If so, please state benefit claimed
Result

*Cross out that which does not apply.

9. Complete this section as applicable to 6 above.

A. Deceased's or contributor's Jamaican National Insurance Number | | | | | | | | | |

B. Deceased(s)' name(s)

C. Date of Death — Day | Month | Year

D. Applicant's relationship to deceased

E. Did the deceased leave a Will? ☐ Yes ☐ No
If "Yes", give name and address of Executors

F. If there is no will, have Letters of Administration been obtained or are being obtained? ☐ Yes ☐ No
If "Yes", give the name and address of the proposed applicant for Letters of Administration.

If the answer to both questions E & F is "no", give names and addresses of next of kin and relationship to deceased.

G. Have the funeral expenses been paid? ☐ Yes ☐ No
Did you pay them (or will you be paying them) yourself? ☐ Yes ☐ No
If the funeral expenses have been (or will be) paid by some other person, give name, address and relationship to deceased. _____

H. Name of person on whose National Insurance record claim is based
*Mr.
*Mrs. _____
*Miss

I. Date of marriage

Day	Month	Year

J. What is the nature of your illness? _____

K. When did you become incapable of work as a result of your illness?

Day	Month	Year

10. If you are claiming on the ground of being pregnant by your late husband, state the expected date of your confinement. _____
If yes, enclose a medical certificate of pregnancy.

* Cross out that which does not apply.

OLD AGE BENEFIT APPLICATION ONLY

11. A. Date of retirement	Day	Month	Year	B. When did you last work?	Day	Month	Year

DEPENDENTS

12. Particulars of each child

Name	Date of Birth Day	Month	Year	Address	Verification
1)					
2)					
3)					
4)					

Has the child been legally adopted? Tick 1) _____ 2) _____ 3) _____ 4) _____
Applicant's relationship to child _____

PARTICULARS OF FOREIGN EMPLOYMENT

13. A. Have you ever worked as an employed or self-employed person in any other country besides Jamaica? ☐ Yes ☐ No

B. If "Yes", please supply the information requested below:

Country	Period From	To	Social Security Number

PARTICULARS OF RESIDENCE IN CANADA

14. Date and place of entry to Canada

Day	Month	Year	Place

Please provide proof of your date of entry to Canada (passport, visa, ship or airline tickets, etc.).

15. Absences from Canada of over 90 days after April 4, 1966

From Day	Month	Year	To Day	Month	Year	Reason for absence

PARTICULARS OF EMPLOYMENT IN JAMAICA

16. Name and address of employer	Works no. (if any)	Occupation	Periods of employment From	To

DECLARATION AND CERTIFICATE

Claimant's Declaration and Signature

I declare that the information given on this form relates to myself and is correct.
I claim the following benefits(s):

- ☐ Old Age
- ☐ Special Child's
- ☐ Orphan's
- ☐ Invalidity
- ☐ Funeral Grant
- ☐ Widow's
- ☐ Widower's

Signature or Mark of Claimant " X " _____ Date | Day | Month | Year

Witness' Certificate and Signature

I hereby certify that:

*(a) the claimant signed the above declaration in my presence.

OR

*(b) the claimant made the necessary mark "X" to the above declaration in my presence, having expressed himself or herself as having fully understood the contents of this claim and declaration.

Signature of Witness _____ Date | Day | Month | Year

Address _____ Qualification or Occupation _____

*Cross out that which does not apply.

TO BE COMPLETED BY THE COMPETENT AUTHORITY OF CANADA

The application was received on | Day | Month | Year

This certifies that the vital statistics transcribed on this form have been taken from original or certified documents produced by the applicant.

SIGNATURE AND TITLE Date | Day | Month | Year

CERTIFICATE OF MEDICAL PRACTITIONER
for Invalidity Benefit (Jamaica)

Note to Doctor

Among the conditions for Invalidity Benefit are that the insured person must be incapable of work by reason of some specific disease or bodily or mental disablement which is likely to be permanent and he or she must have been so incapable for a continuous period of not less than 26 weeks.

I certify that *Mr. / *Mrs. / *Miss _____

(1) is incapable of work by reason of _____

_____

(2) to my knowledge or in my judgement he/she has been so incapable for a continuous period of at least 26 weeks; and

(3) that in my opinion his/her incapacity is likely to be permanent, but should be reviewed after a period of _____ months; and

(4) to the best of my knowledge or belief, the incapacity began on or about Date: Day ____ Month ____ Year ____

(General Remarks) _____

_____

Date: Day ____ Month ____ Year ____

Signature and Qualifications _____

* Cross out that which does not apply.

REVIEW BY MEDICAL PRACTITIONER

_____

_____

_____

_____

Date: Day ____ Month ____ Year ____

Signature and Qualifications _____

Canada/Jamaica Agreement

Documents and/or information required to support your application [CAN/JAM 1] for a Jamaican Old Age and/or Invalidity Benefit

You must complete the attached form(s):

- ***Canadian Residence*** **[SC ISP5013]**
- **Residence / Employment history in Jamaica [INT'L OPS 840-5]**

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

- Birth certificate for you and your spouse
- Marriage certificate (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 must still resubmit them.

Service Canada

PROTECTED B (when completed)

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**

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 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.

The personal information you provide is collected under the authority of the *Canada Pension Plan* or the *Old Age Security Act* to establish your entitlement to a benefit from a country with which Canada has concluded a social security agreement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, section 18 of the *Old Age Security Regulations* and in accordance with the *Treasury Board Secretariat Directive on the Social Insurance Number*. Completion of this form is voluntary. If you refuse to provide the information, Employment and Social Development Canada (ESDC) might be unable to facilitate your access to a foreign benefit.

The personal information you provide may be shared with a foreign agency when an agreement is in force. It may also be used for policy analysis, research and/or evaluation purposes. Your personal information is administered in accordance with the *Canada Pension Plan*, the *Old Age Security 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 Banks ESDC PPU 116, 140, 146, and 390. Instructions for obtaining this information are in the government publication available online at **www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/info-source** and may be accessed at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada about how ESDC handles your personal information online at **www.priv.gc.ca/en/report-a-concern** or by calling 1-800-282-1376.

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

_____

7. Work history in Jamaica after April 4, 1966:

Employer name	From	To

8. When did you take-up residence in Canada? _____

9. Are you in receipt of a Jamaican National Insurance Pension? _____

I certify that, to the best of my knowledge, the information given above is true and complete.

Signature: _____ Date: _____