Canada / Lithuania Agreement

Applying for a Lithuanian Lost working capacity (Disability) 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; 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.

**LIETUVOS RESPUBLIKOS IR KANADOS SUTARTIS DĖL SOCIALINĖS APSAUGOS /
AGREEMENT ON SOCIAL SECURITY BETWEEN THE REPUBLIC OF LITHUANIA AND CANADA**

CAN - LT 1A

**PRAŠYMAS DĖL SENATVĖS / NETEKTO DARBINGUMO (INVALIDUMO) PENSIJOS /
APPLICATION FOR OLD AGE / LOST WORKING CAPACITY (DISABILITY) PENSION**

**VSDFV prie Socialinės apsaugos ir darbo ministerijos Užsienio išmokų tarnybai / State Social Insurance Fund Board (SSIFB) of the Republic of Lithuania under the Ministry of Social Security and Labour, Foreign Benefits Office
T. Ševčenkos 16, building 3, 3rd floor , 03111 Vilnius
Lietuva / Lithuania**

PILDYTI DIDŽIOSIOMIS RAIDĖMIS / THE FORM SHOULD BE COMPLETED IN CAPITAL LETTERS

☐ **Dėl senatvės pensijos / Old age pension**

☐ **Dėl netekto darbingumo (invalidumo) pensijos / Lost working capacity (Disability) pension**

1. APDRAUSTAS ASMUO / INSURED PERSON

• Pavardė / Last name		**Ankstesnės pavardės / Family name at birth**
• Vardai (visi) / Given names (all)	**• Tėvo vardas / Father's name**	**• Lytis / Sex** ☐ **vyras / male** ☐ **moteris / female**
• Adresas / Address		**Telefono Nr. / Telephone No.**
• Gimimo data / Date of birth	**Asmens kodas Lietuvoje / Personal code in Lithuania**	**Kanados socialinio draudimo numeris / Canadian Social Insurance Number**

2. PENSIJOS / PENSIONS

2.1. AR GAUNATE PENSIJĄ IŠ KITOS INSTITUCIJOS AR VALSTYBĖS? / ARE YOU PAID A PENSION BY ANY OTHER INSTITUTION OR STATE?

☐ **Ne / No** ☐ **Taip / Yes; prašome nurodyti, iš kokios šalies / please indicate what country is paying** _____

iš kokios institucijos / what institution is paying _____

ir kokią / and what type of pension it is _____

2.2. AR JUMS KADA NORS BUVO PASKIRTA KOKIA NORS PENSIJA LIETUVOJE? / HAVE YOU EVER BEEN AWARDED A PENSION IN LITHUANIA?

☐ **Ne / No** ☐ **Taip / Yes; prašome nurodyti, kokia / please indicate what type** _____

kur / where _____

kada / when _____

3. AR ATLIKOTE KARINĘ TARNYBĄ LIETUVOJE AR BUVUSIOJE TSRS? / HAVE YOU BEEN ON MILITARY SERVICE IN LITHUANIA OR THE FORMER USSR?

☐ **Ne / No**

☐ **Taip / Yes**

☐ **Būtinąją / Served as conscript**

☐ **Liktinę / Served as re - enlistee**

**4. AR SLAUGĖTE NAMUOSE LIETUVOJE? (pildoma, jei slaugyta iki 1995-01-01) /
DID YOU NURSE A PERSON AT HOME IN LITHUANIA? (to be completed only if engaged in nursing before 01-01-1995)**

Motina – vaiką invalidą iki 16 metų / Mother - a disabled child under 16 ☐ **Ne / No** ☐ **Taip / Yes**

Šeimos narį I grupės invalidą / Family member - Group 1 disabled ☐ **Ne / No** ☐ **aip / Yes**

5. PAGEIDAUJU, KAD PENSIJA BŪTŲ MOKAMA NUO / I WANT MY PENSION TO BE PAID FROM

M–Y **M-M** **D-D**

arba / or ☐ **nuo teisės į pensiją atsiradimo dienos / earliest month eligible**

6. PENSIJOS MOKĖJIMAS / PAYMENT OF PENSION

Banko Lietuvoje pavadinimas / Name of the bank in Lithuania	
Filialo pavadinimas / Name of the branch	
Banko kodas / Bank code	
Asmeninės sąskaitos numeris / Personal account number	

7. KITA INFORMACIJA / OTHER INFORMATION

8. DOKUMENTAI, REIKALINGI PRAŠYMUI NAGRINĖTI /
DOCUMENTS ENCLOSED FOR THE APPLICATION TO BE CONSIDERED

Pateiktų dokumentų sąrašas / List of submitted documents	**Vnt. / Units**
1. Darbo knygelė (iki 1993-12-31) / Workbook (until 31-12-1993)	
2. Lietuvos valstybinio socialinio draudimo pažymėjimas (nuo 1992-01-01) / Lithuanian State Social Insurance Certificate (since 01-01-1992)	
3. Pažyma apie pajamas Lietuvoje už laikotarpį nuo 1984-01-01 iki 1993-12-31 / Certificate of income in Lithuania from 01-01-1984 to 31-12-1993	
4. Stažo Lietuvoje dokumentai / Documents with the record of service in Lithuania	
5. Neįgalumo ir darbingumo nustatymo tarnybos prie Socialinės apsaugos ir darbo ministerijos darbingumo lygio pažyma (Lietuvos Medicininės socialinės ekspertizės komisijos pažymėjimas) / Certificate of the level of work capacity from the Service of establishing disability and capacity for work under the Ministry of Social Security and Labour (Disability Certificate from the Lithuanian State Medical and Social Examination Commission)	
6. Kanados medicininė išvada / Canadian medical certificate	

AŠ ĮGALIOJU Kanados susižinojimo tarnybą perduoti informaciją, reikalingą Lietuvos valstybinio socialinio draudimo pensijos skyrimui ir AŠ SUTINKU, kad medicininiai duomenys ir dokumentai apie mano sveikatos būklę būtų perduoti VSDFV prie Socialinės apsaugos ir darbo ministerijos Užsienio išmokų tarnybai, jei ji reikalinga. /
I AUTHORIZE the liaison agency in Canada to release information to determine my entitlement to a Lithuanian state social insurance pension and I CONSENT that all medical evidence regarding my state of health would be released to SSIFB of the Republic of Lithuania under the Ministry of Social Security and Labour, Foreign Benefits Office, if required.

TVIRTINU, kad pateikta informacija yra teisinga ir tiksli. /
I DECLARE that the above information is true and correct.

Pareiškėjo parašas / **Signature of the Applicant** **Vieta ir data / Place and date**	**Įgalioto asmens parašas /** **Signature of the Proxy** **Vieta ir data / Place and date**

☐ **Kanados susižinojimo tarnyba patvirtina informaciją, pažymėtą šiuo ženklu ● / Canadian liaison agency has verified the information marked with this symbol ●**

Kanados susižinojimo tarnyba, gavusi prašymą / Canadian liaison agency receiving an application		
		Antspaudas / Stamp
Data / Date	**Parašas /** **Signature**	

Guide for Completing Applications for the Republic of Lithuania Old Age/ Lost working capacity (Disability) or Widow(er)'s/Orphan's Pension under the Agreement on Social Security between the Republic of Lithuania and Canada

If you:

- reside in Canada; and
- wish to apply for old age/lost working capacity (disability) or widow(er)'s/orphan's pension from the Republic of Lithuania

you must complete the Application for the Republic of Lithuania Old Age/Lost working capacity (Disability) or Widow(er)'s/Orphan's Pension under the Agreement on Social Security between the Republic of Lithuania and Canada.

CHAPTER I: Information of the kinds of state social insurance pensions from the Republic of Lithuania

The central administrator of the State social insurance fund is the State Social Insurance Fund Board (SSIFB) of the Republic of Lithuania under the Ministry of Social Security and Labour. The Foreign Benefits Office of the State Social Insurance Fund Board of the Republic of Lithuania under the Ministry of Social Security and Labour is responsible for the implementation of the Agreement on Social Security between the Republic of Lithuania and Canada (hereinafter referred to as - the Agreement).

There are three main kinds of state social insurance pensions:

- old age;
- lost working capacity (awarded from 1st July, 2005) and disability (awarded until 1st July, 2005);
- widow(er)s' and orphans'.

These pensions are awarded according to the Law on State Social Insurance Pensions.

All pensions consist of two parts: the main and supplementary part. The main part equals the basic pension or part thereof if the person has not accumulated the required insurance period. Men and women must have 30 years of mandatory insurance period to claim the old age pension. The amount of the supplementary part depends on the pension insurance period of the person in question and time periods equated to this pension insurance period, as well as on insured income.

Old age pension

A person is entitled to a state social insurance old age pension if he/she meets the following requirements:

1. reaches the retirement age. The retirement age for men is 62 years and 6 months. In 2006, the retirement age for women is 60 years.

2. has a minimum of 15 years of insurance periods. Under the provisions of the Agreement, the insurance period acquired under the legislation of Canada will be taken into account for entitlement to pension.

Lost working capacity pension

From 1st July, 2005 a person is entitled to a state social insurance lost working capacity pension, if, according to the Disability Social Insurance Integration Law, a person is considered disabled or partly capable for work. There are three groups of disability according to the level of capacity for work: 1) persons who lost 75% - 100% capacity for work; 2) persons who lost 60% – 70% capacity for work and 3) persons who lost 45% – 55% capacity for work. The level of disability is determined by the Service of establishing disability and capacity for work under the Ministry of Social Security and Labour.

A lost working capacity pension is awarded if a person, on the day of determination of his/her disability or partial capacity for work, has a minimum state social insurance period for Lost working capacity pension. The required minimum period and the mandatory period are determined according to the age of the person on the day of determination of lost capacity for work. Persons under the age of 22 are granted lost working capacity pensions if they have 2 months of insurance periods.

Widow(er)'s and orphan's pensions

The spouse and children of the deceased, as well as other persons equated to them, are eligible to receive a pension for surviving spouses and orphans if the deceased was entitled to draw the state social insurance lost working capacity (disability) or old age pension:

If the person falls into one of the following categories, he/she is entitled to the widow(er)'s social insurance pension:

- widow or widower who raises the deceased person's children (adopted children) under age 18 [full time school students of a secondary or vocational school until their graduation but not longer than reaching the age of 19 (hereinafter – school students under age 19)], as well as nurses at home the deceased person's children (adopted children), who lost 75% - 100% capacity for work (disability Group 1), who became disabled before reaching the age of 18, if such children (adopted children) are paid an orphan's pension;

- widow or widower who reached pensionable age or was declared disabled at the moment when he/she was raising the deceased person's children (adopted children) under age 18 (school students under age 19), as well as nursed at home the deceased person's children (adopted children), who lost 75% - 100% capacity for work (disability Group 1), who became disabled before reaching the age of 18, if at that time such children (adopted children) received or were entitled to receive an orphan's pension;

- widow or widower who had reached pensionable age or had been recognised as disabled before the spouse died, or reached such an age or was recognised as disabled within 5 years from the spouse's death. If there are no children by the deceased person, five years of marriage before the death are required;

- common-law partner if there are children with the deceased, whom he/she raises until they become 18 years old (school students under age 19) or nurses at home, because they have lost 75% - 100% capacity for work (disability Group 1) and who became disabled before reaching the age of 18, if such children are paid an orphan's pension and if there is no spouse of the deceased to whom a widow(er)'s pension may be awarded;

- a person who has been given the status of guardian (custodian) in line with the established procedure, who raises the children (adopted children) under age 18 (school students under age 19) as well as nurses at home the children (adopted children), who lost 75% - 100% capacity for work (disability Group 1) of the deceased person provided that they became disabled before reaching the age of 18 and are paid an orphan's pension and if there is no common-law partner who may be awarded the widow(er)'s pension.

In the event of re-marriage the payment of a widow(er)'s pension is discontinued.

The orphan's pension is payable to the deceased person's children (adopted children) under 18 years of age. The pension is also paid to children (adopted children) 18 years of age and older if they became disabled before reaching the age of 18 or if they are full time (up to the age of 24 years) students. Adopted sons and daughters of the deceased may be entitled to the orphan's pension under the same conditions as the natural children if they are not the recipients of an orphan's pension from their birth parents. Orphans who lost both their parents are entitled to the pensions of both parents. Widow(er)'s and orphan's pensions are paid irrespective of whether the recipient receives a state social insurance old age or lost working capacity (disability) pension. Persons who are entitled to both widow(er)'s and orphan's pensions at the same time are paid the pension of their choice.

Procedure for Applying for a Republic of Lithuania Pension

The date of application for a pension is deemed to be the day when the application, with the required documents, is completed. The State social insurance pension is awarded and paid effective the day when the right to the pension arises, but not earlier than 12 months prior to the day when the pension allocation documents are received at the Canadian liaison agency (Service Canada) or the Foreign Benefits Office of the State Social Insurance Fund Board of the Republic of Lithuania under the Ministry of Social Security and Labour. The date of receipt of an application for a pension under the legislation of Canada will be deemed as the date of receipt of an application for a corresponding pension under the legislation of the Republic of Lithuania (and vice versa) provided that the applicant at the time of application:

- requests that the application be considered as submitted under the legislation of the other State, or
- provides information indicating that insurance periods have been completed under the legislation of the other State.

This applies only to applications submitted after the entry into force of the Agreement on Social Security between the Republic of Lithuania and Canada.

The old age and lost working capacity (disability) pensions may be applied for by completing form CAN-LT 1A, while widow(er)'s and orphan's pensions may be applied for by completing form CAN-LT 1B.

CHAPTER II: COMPLETION OF AN APPLICATION

All applicants applying for the old age/lost working capacity (disability) or widow(er)'s and orphan's pension are required to complete the CAN-LT 1A (old age/lost working capacity (disability)) or CAN-LT 1B (widow(er)'s and orphan's) application form in order to receive the pension.

To be completed when applying for an old age/ lost working capacity (disability) pension (FORM CAN-LT 1A)

Section 1

Indicate your given names, last name, father's name and family name at birth if it is different from your current last name. The family name at birth is required for correct identification if the name has been changed through marriage or for some other reason. If the documents confirming your period of employment bear another last name, you will have to submit a document confirming the marriage or other grounds for changing the last name. Write your current address in the address box. If the document confirming your date of birth only bears the year of birth without any reference to the month and day, 1 July of that year will be considered to be the date of birth of the applicant. Also provide your personal code in Lithuania and Canadian Social Insurance Number.

Section 2

If you receive a pension from another institution or State, please specify the State and the institution and indicate what pension you receive. If you have been awarded the pension in Lithuania, indicate what kind of pension it was and when and where it had been awarded to you. If you have no information about "when" and "where" you have been awarded the pension, indicate your address at that time in the line "where" in Item 2.2.

Section 3

If you completed military service in the Republic of Lithuania or the former USSR indicate if you served as a conscript or re-enlistee. You will also have to provide a document confirming the military service period i.e. military ticket or certificate from the military commandant headquarters.

Section 4

Please indicate if, prior to 1 January 1995, you had nursed a disabled family member of Group 1, or nursed a disabled child under 16 years of age (as a mother). Submit the decision of the head of the local office of the State Social Insurance Fund Board of the Republic of Lithuania under the Ministry of Social Security and Labour on "inclusion of the nursing time into the insurance period" and the certificate of the disability of the child or family member issued by the State Medical and Social Examination Commission (SMSEC).

Section 5

If you are entitled to the state social insurance old age pension and have the required mandatory period of the state social insurance, you may ask for a postponement of the start of the payment of the pension. In such a case your pension will be calculated in accordance with the information at the time of application and increased by 8 per cent of the calculated amount for every year after the day when you became entitled to the old age pension. If you wish to postpone the beginning of the payment of the pension, please indicate when you want the pension to be paid to you. If you wish that the pension be paid starting with the earliest month eligible, check the identified box.

Section 6

There are two possible methods of pension payment: it may be transferred to your account in a Lithuanian bank or paid by a bank cheque sent to you. If you wish the pension payments to be transferred to your account in a Lithuanian bank, please specify the name of the bank, name of the branch of the bank, code of the bank and the number of your personal account. If you wish to receive the pension payments by a bank cheque sent to you, please indicate the address to which the cheque should be sent. If the address is different from the address indicated in Section 1 of the application, please indicate in Section 7 the address to which the cheque should be sent.

Section 8

The database of the State Social Insurance Fund contains personalised data on insurance periods since 1 January 1994. Periods prior to that date are substantiated by workbooks. If there are no workbooks submitted, the period is proven by statements from former employers or archives (if the employer's business is liquidated) as indicated in Item 4 of the document list in

Section 8. Periods from 1 January 1992 may be confirmed by a Lithuanian state social insurance certificate as specified in Item 2 of the document list in Section 8.

Persons who are awarded pensions before 1 January 2009 will have their pension calculated based on the following insured income: the five best years from the period of 1 January 1984 to 31 December 1993 and all the remaining years from 1 January 1994 until the date of application for the pension. Persons who are awarded pensions after 1 January 2009 will have their pension calculated based on insured income received from 1 January 1994 until the pension allocation date and, for this reason, certificates on insured income will no longer be required.

If you are applying for a lost working capacity (disability) pension, please submit the Certificate of the level of work capacity from the Service of establishing disability and capacity for work under the Ministry of Social Security and Labour (disability certificate issued by the State Medical and Social Examination Commission).

In cases where the documents for a period contain only the mention of the year of the beginning of employment or the end of employment without precise dates (for instance, from 1986 until 1987), the date of the beginning of employment and the end of employment will be deemed to be 1 July of a respective year.

If the document for the period only indicates the year and month without more specific dates, the date will be deemed to be the 15th day of the respective month.

To be completed when applying for a widow(er)'s and orphan's pension (FORM CAN-LT 1B)

Section 1

Indicate your given names, last name and family name at birth if it is different from your current last name. The family name at birth is required for correct identification if the name has been changed through marriage or for some other reason. If the documents confirming your period of employment bear another last name, you will have to submit a document confirming the marriage or other grounds for changing the last name. Write your current address in the address box. If the document confirming your date of birth only bears the year of birth without any reference to the month and day, 1 July of that year will be considered to be the date of birth of the applicant. Please provide your personal code in Lithuania and Canadian Social Insurance Number.

Section 2

If you are applying for a widow(er)'s or orphan's pension, please indicate the personal data of the deceased person, indicating the dates of birth, death and marriage recorded in respective death and marriage certificates. Also provide the personal code in Lithuania and Canadian Social Insurance Number of the deceased person.

Section 3

Please specify the relationship to the deceased person.

Section 4

The father/mother or stepfather/stepmother of the deceased person's children are entitled to the widow(er)'s social insurance pension if he or she raises the deceased person's children (adopted children) under age 18 (full time school students of a secondary or vocational school until their graduation but not longer than reaching the age of 19) or nurses at home the deceased person's children (adopted children), who lost 75% - 100% capacity for work (the disability Group 1), who became disabled before reaching the age of 18, if such children (adopted children) are paid an orphan's pension.

The guardian (custodian) of the deceased person's children is entitled to the widow(er)'s social insurance pension in the same conditions as the father/mother or stepfather/stepmother of the deceased person's children (adopted children), except that he or she must also possess the Court decision in this regard.

Section 5

If you are applying for a widow(er)'s pension and have been recognised as disabled, please submit the Certificate of the level of work capacity from the Service of establishing disability and capacity for work under the Ministry of Social Security and Labour (disability certificate issued by State Medical and Social Examination Commission).

Section 6

If you raised the children (adopted children) of the deceased person under the age of 18 or children (adopted children) of the deceased under the age of 19 who are full time school students of a secondary or vocational school, as well as nursed at home the children (adopted children) of the deceased, who lost 75% - 100% capacity for work (disability Group 1) who became disabled before reaching the age of 18, please indicate the full names and dates of birth of the said children (adopted children). Please enclose a birth certificate of the child (adopted child) in both cases. In the case of the nursing of children (adopted children), who lost 75% - 100% capacity for work (disability Group 1), indicate the level of lost work capacity (the category of the disability) and enclose the Certificate of the level of work capacity (the disability certificate) of the child (adopted child).

Section 7

If the deceased person had military service in the Republic of Lithuania or in the former USSR, indicate if he/she served as a conscript or re-enlistee. You will also have to provide a document confirming the military service period, i.e. military ticket or certificate from the military commandant headquarters.

Section 8

Please indicate if, prior to 1 January 1995, the deceased person had raised (nursed) a disabled family member of Group 1 or raised (nursed) a disabled child under 16 years of age (as a mother). Submit the decision of the head of the local office of the State Social Insurance Fund Board of the Republic of Lithuania under the Ministry of Social Security and Labour on "inclusion of the nursing time into the insurance period" and the certificate of the disability of the child or family member issued by the State Medical and Social Examination Commission.

Section 9

If the deceased person had been awarded a pension, or if you receive a pension from another institution or State, please specify the state and institution and the type of pension and, in cases where a widow(er)'s/orphan's pension is paid on behalf of the deceased person, specify the state and institution paying the pension, as well as the name of the person who is paid the pension.

Section 10

As the orphan's pension is payable to the deceased person's children (adopted children) under 18 years of age as well to children older than age 18 if they became disabled before reaching the age of 18 or if they are full time (up to the age of 24) students, please indicate if you are a full time student. Also enclose a certificate from the educational institution about your full time studies.

Section 11

There are two possible methods of pension payment: it may be transferred to your account in a Lithuanian bank or paid by a bank cheque sent to you. If you wish the pension payments to be transferred to your account in a Lithuanian bank, please specify the name of the bank, name of the branch of the bank, code of the bank and the number of your personal account. If you wish to receive the pension payments by a bank cheque sent to you, please indicate the address to which the cheque should be sent. If the address is different from the address indicated in Section 1 of the application, please indicate in Section 12 the address to which the cheque should be sent.

Section 13

The database of the State Social Insurance Fund contains personalised data on insurance periods since 1 January 1994. Periods prior to that date are substantiated by workbooks. If there are no workbooks submitted, the period is proven by statements from former employers or archives (if the employer's business is liquidated) as indicated in Item 4 of the document list in Section 13. Periods from 1 January 1992 may be confirmed by a Lithuanian state social insurance certificate as specified in Item 2 of the document list in Section 13.

Persons who are awarded pensions before 1 January 2009 will have their pension calculated based on the following insured income: the five best years from the period of 1 January 1984 to 31 December 1993 and all the remaining years from 1 January 1994 until the date of application for the pension. Persons who are awarded pensions after 1 January 2009 will have their pension calculated based on insured income received from 1 January 1994 until the pension allocation date and, for this reason, certificates on insured income will no longer be required.

The documents of the deceased person listed in Items 1-4 in Section 13 of the application must be submitted.

A person who applies for an orphan's pension must submit a birth certificate. Persons who apply for a widow(er)'s pension must submit a marriage certificate. The death certificate will be submitted when applying for both a widow(er)'s and an orphan's pension.

In cases where the documents for a period contain only the mention of the year of the beginning of employment or the end of employment without precise dates (for instance, from 1986 until 1987), the date of the beginning of employment and the end of employment will be deemed to be 1 July of a respective year.

If the document for a period only indicates the year and month without more specific dates, the day will be deemed to be the 15th day of the respective month.

The applicant or his/her authorised person must sign the forms and submit them with the required documents to the Canadian liaison agency (International Operations) which will send them to the Republic of Lithuania. For more information on the Agreement, please contact the Canadian liaison agency at:

International Operations
Ottawa, Ontario K1A 0L4
CANADA

The decision of the Foreign Benefits Office of the State Social Insurance Fund Board of the Republic of Lithuania under the Ministry of Social Security and Labour will be sent directly to the applicant.

Prašymų dėl Lietuvos Respublikos senatvės/netekto darbingumo (invalidumo) ar našlių/našlaičių pensijos pagal Lietuvos Respublikos ir Kanados sutartį dėl socialinės apsaugos pildymo tvarka

Jeigu Jūs:

- gyvenate Kanadoje; ir
- norite kreiptis dėl Lietuvos Respublikos senatvės/netekto darbingumo (invalidumo) ar našlių/našlaičių pensijos.

Jūs turite užpildyti "Prašymą dėl Lietuvos Respublikos senatvės/netekto darbingumo (invalidumo) ar našlių/našlaičių pensijos" pagal Lietuvos Respublikos ir Kanados sutartį dėl socialinės apsaugos.

I DALIS: Informacija apie Lietuvos Respublikos valstybinių socialinio draudimo pensijų rūšis

Centrinė valstybinio socialinio draudimo fondą administruojanti institucija yra Valstybinio socialinio draudimo fondo valdyba (VSDFV) prie Socialinės apsaugos ir darbo ministerijos. Valstybinio socialinio draudimo fondo valdybos prie Socialinės apsaugos ir darbo ministerijos Užsienio išmokų tarnyba yra atsakinga už Lietuvos Respublikos ir Kanados sutarties dėl socialinės apsaugos (toliau – Sutartis) vykdymą.

Yra trys socialinio draudimo pensijų rūšys:

- senatvės;
- netekto darbingumo (skiriamos nuo 2005 m. liepos 1 d.) ir invalidumo, paskirtos iki 2005 m. liepos 1 d.;
- našlių ir našlaičių;

Šios pensijos yra skiriamos vadovaujantis LR Valstybinių socialinio draudimo pensijų įstatymu.

Visų rūšių pensijas sudaro dvi dalys: pagrindinė ir papildoma. Pagrindinė dalis lygi bazinei pensijai arba jos daliai, jei asmuo neturi būtinojo draudimo stažo. Vyrams ir moterims yra nustatytas 30 metų būtinasis draudimo stažas senatvės pensijai skirti. Papildomos dalies dydis priklauso nuo asmens pensijų draudimo stažo ir jam prilyginamų laikotarpių bei draudžiamųjų pajamų.

Senatvės pensija

Asmuo įgyja teisę gauti valstybinę socialinio draudimo senatvės pensiją, kai jis atitinka šias sąlygas:

1. sukanka senatvės pensijos amžių. Senatvės pensijos amžius vyrams yra 62 metai 6 mėnesiai. 2006 metais senatvės pensijos amžius moterims yra 60 metų.

2. turi minimalų 15 metų draudimo stažą. Pagal Sutarties nuostatas, nustatant teisę į pensiją, prireikus atsižvelgiama į draudimo stažą, įgytą pagal Kanados teisės aktus.

Netekto darbingumo pensija

Nuo 2005 m. liepos 1 d. teisę gauti valstybinę socialinio draudimo netekto darbingumo pensiją turi asmenys, kuriems Neįgaliųjų socialinės integracijos įstatymo nustatytas darbingumo lygis ir kurie pripažinti nedarbingais arba iš dalies darbingais. Atsižvelgiant į darbingumo netekimo laipsnį, nustatomos trys netekto darbingumo grupės: 1) asmenys, netekę 75% - 100% darbingumo; 2) asmenys, netekę 60% – 70% darbingumo ir 3) asmenys, netekę 45% – 55% darbingumo. Koks asmens netekto darbingumo lygis sprendžia Neįgalumo ir darbingumo nustatymo tarnyba prie Socialinės apsaugos ir darbo ministerijos.

Netekto darbingumo pensija skiriama, jei asmuo pripažinimo nedarbingu arba iš dalies darbingu dieną turi minimalų valstybinio socialinio pensijų draudimo stažą netekto darbingumo pensijai. Reikalaujamas minimalus ir būtinasis stažas nustatomas pagal asmens amžių nedarbingumo nustatymo dieną. Kol asmeniui sukanka 22 metai, netekto darbingumo pensija skiriama, jei asmuo turi minimalų 2 mėnesių draudimo stažą.

Našlių ir našlaičių pensija

Našlių ir našlaičių pensijos yra skiriamos mirusiojo, gavusio senatvės ar netekto darbingumo (invalidumo) pensiją arba turėjusio teisę tokią pensiją gauti (jei būtų tapęs neįgaliuoju), sutuoktiniui bei vaikams, taip pat jiems prilygintiems asmenims.

Teisę gauti *socialinio draudimo našlių* pensiją turi:

- našlė ar našlys, auginantys mirusio asmens vaikus (įvaikius) iki 18 metų (bendrojo lavinimo ir profesinių mokyklų dieninių skyrių moksleivius – iki šių mokyklų baigimo, bet ne ilgiau negu kol jiems sukaks 19 metų (toliau – moksleiviai iki 19 metų)), taip pat slaugantys namuose mirusiojo vaikus (įvaikius), kuriems nustatyta 75%-100% netekto darbingumo (ar I grupės invalidus – iki 2005 m. liepos 1 d.), tapusius neįgaliaisiais (invalidais) iki 18 metų, jeigu šiems vaikams (įvaikiams) mokama našlaičių pensija;

- našlė ar našlys, kurie sukako senatvės pensijos amžių ar buvo pripažinti neįgaliaisiais (invalidais) tuo metu, kai augino mirusio asmens vaikus (įvaikius) iki 18 metų (moksleivius iki 19 metų), taip pat slaugė namuose mirusiojo vaikus (įvaikius), kuriems nustatyta 75%-100% netekto darbingumo (ar I grupės invalidus), tapusius invalidais iki 18 metų, jeigu šie vaikai (įvaikiai) tuo metu gavo ar turėjo teisę gauti našlaičių pensiją;

- našlė arba našlys, kurie sukako senatvės pensijos amžių ar buvo pripažinti neįgaliaisiais (invalidais) iki sutuoktinio mirties arba per 5 metus po jo mirties. Jei našlė arba našlys, neturėjo su mirusiu sutuoktiniu vaikų, reikalaujama 5 metų santuokos iki mirties.

- faktinis sutuoktinis, jei turėjo su mirusiuoju vaikų, kuriuos augina iki 18 metų (moksleivius iki 19 metų) arba kuriuos slaugo namuose, dėl to, kad jiems nustatyta 75%-100% netekto darbingumo (yra I grupės invalidai), tapę neįgaliaisiais (invalidais) iki 18 metų bei, jeigu šiems vaikams mokama našlaičių pensija ir jeigu nėra mirusio asmens sutuoktinio, kuriam gali būti paskirta našlių pensija.

- nustatyta tvarka pripažintas globėju (rūpintoju) asmuo, auginantis mirusiojo asmens vaikus (įvaikius) iki 18 metų (moksleivius iki 19 metų), taip pat slaugantis namuose mirusiojo vaikus (įvaikius), kuriems nustatyta 75%-100% netekto darbingumo (I grupės invalidus), tapusius neįgaliaisiais (invalidais) iki 18 metų, jeigu šiems vaikams (įvaikiams) mokama našlaičių pensija ir nėra sutuoktinio ar faktinio sutuoktinio, kuriam gali būti paskirta našlės pensija.

Našlių pensijos mokėjimas nutraukiamas naujai susituokus.

Teisę gauti *socialinio draudimo našlaičių* pensiją turi mirusiojo asmens vaikai ir įvaikai iki 18 metų bei vyresni, jei jie tapo neįgaliaisiais (invalidais) iki 18 metų, o nustatyta tvarka įregistruotų aukštųjų, aukštesniųjų, profesinių bei bendrojo lavinimo mokyklų dieninių skyrių studentai ir moksleiviai iki šių mokyklų baigimo, bet ne ilgiau, negu kol jiems sukaks 24 metai. Mirusiojo posūniai ir podukros turi teisę gauti našlaičių pensiją tokiomis pat sąlygomis kaip ir vaikai, jei negauna našlaičių pensijos už tikruosius tėvus. Našlaičiams, netekusiems abiejų tėvų, mokama pensijų už abu tėvus suma. Našlių ir našlaičių pensijos mokamos neatsižvelgiant į tai, ar asmuo gauna socialinio draudimo senatvės ar netekto darbingumo (invalidumo) pensiją. Asmenims, tuo pat metu turintiems teisę gauti našlių ir našlaičių pensijas, mokama jų pasirinkimu viena iš šių pensijų.

Kreipimosi dėl Lietuvos Respublikos pensijos tvarka

Kreipimosi dėl pensijos diena laikoma diena, kurią pateiktas prašymas su visais reikiamais dokumentais. Valstybinė socialinio draudimo pensija skiriama ir mokama nuo teisės gauti pensiją atsiradimo dienos, tačiau ne daugiau kaip už 12 mėnesių iki dokumentų pensijai skirti gavimo susižinojimo tarnyboje Kanadoje (Service Canada) ar VSDFV prie Socialinės apsaugos ir darbo ministerijos Užsienio išmokų tarnyboje dienos.

Prašymas dėl išmokos pagal Kanados teisės aktus yra laikomas prašymu dėl atitinkamos išmokos pagal Lietuvos Respublikos teisės aktus (ir atv.), jeigu pareiškėjas:

- prašo, kad prašymas būtų laikomas pateiktu pagal kitos Šalies teisės aktus;
- pateikia informaciją, kad draudimo stažas buvo įgytas pagal kitos Šalies teisės aktus.

Taikoma tik prašymams, pateiktiems po Lietuvos Respublikos ir Kanados sutarties dėl socialinės apsaugos įsigaliojimo.

Dėl senatvės ir netekto darbingumo (invalidumo) pensijų kreipiamasi užpildant CAN/LT 1A formą, o dėl našlių ir našlaičių pensijos – formą CAN/LT 1B.

II DALIS: PRAŠYMO PILDYMAS

Visi pareiškėjai, kurie kreipiasi dėl senatvės/ netekto darbingumo (invalidumo) ar našlių ir našlaičių pensijos turi užpildyti formas CAN/LT 1A (senatvės/netekto darbingumo (invalidumo) ar CAN/LT 1B (našlių ir našlaičių) pensijoms gauti.

Pildoma, kai kreipiamasi dėl senatvės/netekto darbingumo (invalidumo) pensijos (CAN/LT 1A FORMA)

1 Dalis

Nurodykite savo pilną vardą, pavardę, tėvo vardą, mergautinę pavardę, jei ji skiriasi nuo dabartinės Jūsų pavardės. Mergautinė pavardė reikalinga asmens identifikavimui, jei susituokus ar dėl kitų priežasčių buvo keičiama pavardė. Jei Jūsų darbo stažą patvirtinančiuose dokumentuose bus nurodyta kita pavardė, reikės pateikti santuoką ar kitą pavardės keitimo pagrindą patvirtinantį dokumentą. Adreso langelyje nurodomas dabartinis Jūsų namų adresas. Jeigu pateiktame dokumente apie gimimo datą nurodyti tik gimimo metai, be mėnesio ir dienos, tai gimimo data laikoma tų metų liepos 1 – oji diena. Taip pat nurodykite savo asmens kodą Lietuvoje ir Kanados socialinio draudimo numerį.

2 Dalis

Jeigu gaunate pensiją iš kitos institucijos ar valstybės, prašome nurodyti iš kokios šalies ir institucijos bei kokią pensiją gaunate. Jei Jums buvo paskirta pensija Lietuvoje, nurodykite: kokia tai buvo pensija, kada ir kur ji buvo Jums paskirta. Jei neturite duomenų apie „kada“ ir „kur“ Jums buvo paskirta pensija, 2.2 punkto eilutėje „kur“ nurodykite tuometinį savo adresą.

3 Dalis

Jei Jūs atlikote Karinę tarnybą Lietuvoje ar buvusioje TSRS, nurodykite, ar tai buvo būtinoji ar liktinė karinė tarnyba. Taip pat reikės pateikti karinės tarnybos laiką patvirtinantį dokumentą, t. y. karinį bilietą arba pažymą iš karinių komendantūrų.

4 Dalis

Prašome nurodyti ar iki 1995-01-01 Lietuvoje slaugėte šeimos narį I grupės invalidą ar būdama motina slaugėte vaiką invalidą iki 16 metų. Pateikite VSDFV prie Socialinės apsaugos ir darbo ministerijos teritorinio skyriaus vedėjo sprendimą „dėl slaugos laiko įskaitymo į draudimo stažą“ bei vaiko invalido ar šeimos nario invalido invalidumo pažymėjimą, išduotą valstybinės medicininės socialinės ekspertizės komisijos (VMSEK).

5 Dalis

Jei Jūs turite teisę gauti valstybinę socialinio draudimo senatvės pensiją ir turite būtinąjį valstybinio socialinio pensijų draudimo stažą, Jūs galite prašyti atidėti pensijos mokėjimo pradžią. Tokiu atveju, Jūsų pensija bus apskaičiuojama pagal duomenis kreipimosi metu ir didinama 8 procentais apskaičiuotojo dydžio už kiekvienus visus metus, praėjusius nuo dienos, kai Jūs įgijote teisę gauti senatvės pensiją turėdamas būtinąjį stažą. Jeigu pageidaujate, kad pensijos mokėjimo pradžia būtų atidėta, nurodykite nuo kada pageidaujate, kad Jums būtų mokama pensija. Jeigu Jūs nenorite, kad pensijos mokėjimo pradžia būtų atidėta, o mokama nuo teisės į pensiją atsiradimo dienos, pažymėkite langelyje.

6 Dalis

Galimi du pensijos mokėjimo būdai: į Jūsų sąskaitą Lietuvos banke arba Jums atsiunčiamu bankiniu čekiu. Jeigu Jūs norite, kad pensinės išmokos būtų pervedamos į Jūsų sąskaitą Lietuvos banke, tuomet prašome nurodyti banko pavadinimą, filialo pavadinimą, banko kodą bei Jūsų asmeninės sąskaitos numerį. Jeigu pensines išmokas pageidaujate gauti Jums atsiunčiamu bankiniu čekiu, nurodykite adresą, kuriuo Jums atsiųsti čekį. Jeigu šis adresas skiriasi nuo Jūsų adreso, pateikto prašymo 1 Dalyje, tai šio prašymo 7 Dalyje nurodykite tą adresą, kuriuo Jums atsiųsti čekį.

8 Dalis

Valstybinio socialinio draudimo fondo duomenų bazėje yra personalizuoti duomenys apie draudimo stažą nuo 1994-01-01. Stažas iki šios datos įrodomas įrašais darbo knygelėje. Jeigu knygelė nepateikiama, tuomet stažas įrodomas buvusių darbdavių ar archyvų pažymomis (jei darbdavys likviduotas), nurodytomis prašymo 8 Dalies dokumentų sąrašo 4 punkte. Laikotarpiai nuo 1992-01-01 gali būti patvirtinami Lietuvos socialinio draudimo pažymėjimu, nurodytu prašymo 8 Dalies dokumentų sąrašo 2 punkte.

Asmenims, kuriems pensijos bus skiriamos iki 2009-01-01, pensija apskaičiuojama iš šių draudžiamųjų pajamų: penkių geriausių metų iš 1984-01-01 - 1993-12-31 laikotarpio bei visų kitų metų nuo 1994-01-01 iki kreipimosi dėl pensijos datos. Asmenims, kuriems pensijos bus skiriamos po 2009-01-01, pensija bus apskaičiuojama iš draudžiamųjų pajamų, gautų nuo 1994-01-01 iki pensijos skyrimo datos ir dėl šios priežasties, pažymų apie draudžiamąsias pajamas pateikti nebereikės.

Jeigu kreipiatės dėl netekto darbingumo (invalidumo pensijos), pateikite Neįgalumo ir darbingumo nustatymo tarnybos prie Socialinės apsaugos ir darbo ministerijos darbingumo lygio pažymą (arba invalidumo pažymėjimą, išduotą valstybinės medicininės socialinės ekspertizės komisijos (VMSEK)).

Tais atvejais, kai stažo dokumentuose nurodyti tik stojimo į darbą arba darbo baigimo metai, be tikslesnių datų (pavyzdžiui, „nuo 1986 iki 1987 metų“), darbo pradžios ir darbo pabaigos data laikoma atitinkamų metų liepos 1 – oji diena.

Jeigu stažo dokumente nurodyti tik metai ir mėnuo, be tikslesnės datos, tai data laikoma atitinkamo mėnesio 15 – oji diena.

Pildoma, kai kreipiamasi dėl našlių ir našlaičių pensijos (CAN/LT 1B FORMA)

1 Dalis

Nurodykite savo pilną vardą, pavardę, mergautinę pavardę, jei ji skiriasi nuo dabartinės Jūsų pavardės. Mergautinė pavardė reikalinga asmens identifikavimui, jei susituokus ar dėl kitų priežasčių buvo keičiama pavardė. Jei Jūsų darbo stažą patvirtinančiuose dokumentuose bus nurodyta kita pavardė reikės pateikti santuoką ar kitą pavardės keitimo pagrindą patvirtinantį dokumentą. Adreso langelyje nurodomas dabartinis Jūsų namų adresas. Jeigu pateiktame dokumente apie gimimo datą nurodyti tik gimimo metai, be mėnesio ir dienos, tai gimimo data laikoma tų metų liepos 1 – oji diena. Taip pat nurodykite savo asmens kodą Lietuvoje ir Kanados socialinio draudimo numerį.

2 Dalis

Jei kreipiatės dėl našlių ar našlaičių pensijos, būtinai prašome pateikti mirusiojo asmens duomenis, nurodant mirties bei santuokos datas, įrašytas atitinkamuose mirties bei santuokos liudijimuose. Taip pat nurodykite mirusiojo asmens kodą Lietuvoje ir Kanados socialinio draudimo numerį.

3 Dalis

Prašome nurodyti giminystės ryšius su mirusiuoju asmeniu.

4 Dalis

Mirusiojo asmens vaikų tėvas/motina ar patėvis/pamotė turi teisę gauti valstybinę socialinio draudimo našlių pensiją, jeigu jis ar ji augina mirusiojo asmens vaikus (įvaikius) iki 18 metų (bendrojo lavinimo ir profesinių mokyklų dieninių skyrių moksleivius iki šių mokyklų baigimo, bet ne ilgiau nei jiems sukaks 19 metų) arba slaugo namuose mirusiojo asmens vaikus (įvaikius), kuriems nustatyta 75%-100% netekto darbingumo (I grupės invalidus), tapusius neįgaliaisiais (invalidais) iki 18 metų ir jei tokiems vaikams (įvaikiams) mokama našlaičių pensija.

Mirusiojo asmens vaikų globėjas (-a) turi teisę gauti valstybinę socialinio draudimo našlių pensiją tokiomis pačiomis sąlygomis kaip ir mirusiojo asmens vaikų tėvas/motina ar patėvis/pamotė. Globėjas, (-a) turi turėti Teismo sprendimą.

5 Dalis

Jei Jūs kreipiatės dėl našlių pensijos ir esate pripažintas neįgaliuoju (invalidu), prašome pateikti Neįgalumo ir darbingumo nustatymo tarnybos prie Socialinės apsaugos ir darbo ministerijos išduotą darbingumo lygio pažymą (VMSEK išduotą invalidumo pažymėjimą).

6 Dalis

Jei auginote mirusiojo asmens vaikus (įvaikius) iki 18 metų arba vaikus (įvaikius) iki 19 metų, kurie yra bendrojo lavinimo ir profesinių mokyklų dieninių skyrių moksleiviai, taip pat slaugėte namuose mirusiojo vaikus (įvaikius), kuriems nustatyta 75%-100% netekto darbingumo (I grupės invalidus), tapusius neįgaliaisiais (invalidais) iki 18 metų, prašome nurodyti šių vaikų (įvaikių) vardus, pavardes bei gimimo datas. Abiejais atvejais pridėkite vaiko (įvaikio) gimimo liudijimą. Vaikų (įvaikių) – kuriems nustatyta 75%-100% netekto darbingumo (I grupės invalidų) slaugymo atveju, nurodykite netekto darbingumo lygį (invalidumo grupę), pridedant vaiko (įvaikio) darbingumo lygio pažymą (invalidumo pažymėjimą).

7 Dalis

Jei miręs asmuo atliko Karinę tarnybą Lietuvoje ar buvusioje TSRS, nurodykite, ar tai buvo būtinoji ar liktinė karinė tarnybą. Taip pat pateikite karinės tarnybos laiką patvirtinantį dokumentą, t. y. karinį bilietą arba pažymą iš karinių komendantūrų.

8 Dalis

Prašome nurodyti ar miręs asmuo iki 1995-01-01 Lietuvoje augino (slaugė) šeimos narį I grupės invalidą ar būdama motina augino (slaugė) vaiką invalidą iki 16 metų. Pateikite VSDFV prie Socialinės apsaugos ir darbo ministerijos teritorinio skyriaus vedėjo sprendimą „dėl slaugos laiko įskaitymo į draudimo stažą“ bei vaiko invalido ar šeimos nario invalido invalidumo pažymėjimą, išduotą valstybinės medicininės socialinės ekspertizės komisijos.

9 Dalis

Jeigu mirusiajam asmeniui buvo paskirta ar Jūs pats gaunate pensiją iš kitos institucijos ar valstybės, prašome nurodyti iš kokios šalies ir institucijos bei kokią pensiją, o jei už mirusįjį asmenį yra mokama našlių/našlaičių pensija, nurodykite pensiją mokančią šalį bei instituciją ir asmenį, kuriam ji yra mokama.

10 Dalis

Kadangi teisę gauti našlaičių pensiją turi mirusiojo vaikai ir įvaikiai iki 18 metų bei vyresni nei 18 metų, jei jie tapo neįgaliaisiais (invalidais) iki 18 metų arba yra nustatyta tvarka įregistruotų aukštųjų, aukštesniųjų, profesinių bei bendrojo lavinimo mokyklų dieninių skyrių studentai ir moksleiviai (iki 24 metų amžiaus), prašome nurodyti, ar Jūs esate dieninio skyriaus studentas ar moksleivis. Taip pat pridėkite mokymo įstaigos pažymėjimą apie Jūsų dienines studijas.

11 Dalis

Galimi du pensijos mokėjimo būdai: į Jūsų sąskaitą Lietuvos banke arba Jums atsiunčiamu bankiniu čekiu. Jeigu Jūs norite, kad pensinės išmokos būtų pervedamos į Jūsų sąskaitą Lietuvos banke, tuomet prašome nurodyti banko pavadinimą, filialo pavadinimą, banko kodą bei Jūsų asmeninės sąskaitos numerį. Jeigu pensines išmokas pageidaujate gauti Jums atsiunčiamu bankiniu čekiu, nurodykite adresą, kuriuo Jums atsiųsti čekį. Jeigu šis adresas skiriasi nuo Jūsų adreso, pateikto prašymo 1 Dalyje, tai šio prašymo 12 Dalyje nurodykite tą adresą, kuriuo Jums atsiųsti čekį.

13 Dalis

Valstybinio socialinio draudimo fondo duomenų bazėje yra personalizuoti duomenys apie draudimo stažą nuo 1994-01-01. Stažas iki šios datos įrodomas įrašais darbo knygelėje. Jeigu knygelė nepateikiama, tuomet stažas įrodomas buvusių darbdavių ar archyvų (jei darbdavys likviduotas) pažymomis, nurodytomis prašymo 13 Dalies dokumentų sąrašo 4 punkte. Laikotarpiai nuo 1992-01-01 gali būti patvirtinami Lietuvos socialinio draudimo pažymėjimu, nurodytu prašymo 13 Dalies dokumentų sąrašo 2 punkte.

Asmenims, dėl pensijos mokėjimo besikreipiantiems iki 2009-01-01, pensija apskaičiuojama iš šių draudžiamųjų pajamų: penkių geriausių metų iš 1984-01-01 - 1993-12-31 laikotarpio bei visų kitų metų nuo 1994-01-01 iki kreipimosi dėl pensijos. Asmenims, kuriems pensijos bus skiriamos po 2009-01-01, pensija bus apskaičiuojama iš draudžiamųjų pajamų, gautų nuo 1994-01-01 iki pensijos skyrimo datos ir dėl šios priežasties, pažymų apie draudžiamąsias pajamas pateikti nebereikės.

Prašymo 13 Dalies 1 – 4 punktuose pateikiami mirusiojo asmens išvardinti dokumentai.

Gimimo liudijimą pateikia asmuo, kuris kreipiasi dėl našlaičių pensijos. Santuokos liudijimą pateikia asmuo, kuris kreipiasi dėl našlių pensijos, o mirties liudijimas pateikiamas kreipiantis ir dėl našlių, ir dėl našlaičių pensijos.

Tais atvejais, kai stažo dokumentuose nurodyti tik stojimo į darbą arba darbo baigimo metai, be tikslesnių datų (pavyzdžiui, „nuo 1986 iki 1987 metų“), darbo pradžios ir darbo pabaigos data laikoma atitinkamų metų liepos 1 – oji diena.

Jeigu stažo dokumente nurodyti tik metai ir mėnuo, be tikslesnės datos, tai data laikoma atitinkamo mėnesio 15 – oji diena.

Besikreipiantis ar jo įgaliotas asmuo turi pasirašyti formas ir su reikiamais dokumentais jas pristatyti į Kanados susižinojimo tarnybą (Tarptautiniai ryšiai), kuri jas persiųs į Lietuvos Respubliką. Daugiau informacijos apie Sutartį galite gauti iš susižinojimo tarnybos.

Tarptautiniai ryšiai
Ottawa, Ontario K1A 0L4
CANADA

Valstybinio socialinio draudimo fondo valdybos prie Socialinės apsaugos ir darbo ministerijos Užsienio išmokų tarnybos priimtas sprendimas bus nusiųstas pareiškėjui.

Canada /Lithuania Agreement

Documents and/or information required to support your application [CAN/LT 1A] for a Lithuanian Lost working capacity (Disability) Pension

Original or certified documents to be submitted:

- Birth certificate
- Lithuanian workbooks for periods until 31 December 1993 (if applicable)
- If Lithuanian workbooks are not submitted, statements from former employers or archives (if the employer's business is liquidated) for periods until 31 December 1993 (if applicable)
- Lithuanian State Social Insurance Certificate issued as of 1 January 1992 (if applicable)
- Certificate of income in Lithuania from 1 January 1984 to 31 December 1993 (if applicable)
- Records of military service in Lithuania (if applicable)
- If, prior to 1 January 1995, you raised/nursed a disabled family member of the 1st category or a disabled child under 16 years of age (mother only), the decision of the head of the local office of the State Social Insurance Fund Board on "inclusion of the nursing time into the insurance period" and the certificate of disability of the family member or child, issued by the State Medical and Social Examination Commission of the Republic of Lithuania, or a medical report.
- Certificate of the level of work capacity from the Service of establishing disability and capacity for work under the Lithuanian Ministry of Social Security and Labour (disability Certificate from the Lithuanian State Medical and Social Examination Commission). If you do not have the Certificate, you can complete the attached forms "**Medical Report [ISP 2519]**", "**Questionnaire for Disability Benefits [ISP 2507]**", and "**Authorization to Disclose Information/Consent for Medical Evaluation [ISP 2502]**" only if you have never applied for a Canada Pension Plan Disability benefit.

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.

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Personal Information Bank
HRDC PPU 140
Fichier de renseignements personnels
DRHC PPU 140

MEDICAL REPORT - RAPPORT MÉDICAL

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Protégé une fois rempli - B

SECTION A To be completed by Applicant - Doit être remplie par le demandeur

First Name - Prénom	Initial - Initiale	Last Name - Nom de famille

Home Address (No., Street, Apt., or R.R.) Adresse du domicile (numéro, rue, app., ou route rurale)	City - Ville	Province or Territory Province ou territoire

Postal Code Code postal	Telephone No. - N° de téléphone	Date of Birth Date de naissance Y/A M D/J	**Social Insurance Number** **Numéro d'assurance sociale**
	( ) -		

SECTION B To be completed by Physician - Doit être remplie par le médecin

Please provide factual objective opinions - Veuillez donner une opinion factuelle objective

1 Height - Taille Weight - Poids	2 a) How long have you known the patient? Depuis quand connaissez-vous le patient?	b) When did you start treating the patient for the main medical condition? Quand avez-vous commencé à traiter le patient pour son état pathologique principal? Y/A M	c) Date of last visit Date de la dernière visite Y/A M D/J

3 Diagnosis (es) - Diagnostic(s) :

4 Relevant/significant medical history relating to the main medical condition:
Antécédents médicaux pertinents/importants reliés à l'état pathologique principal :

Social Insurance Number
Numéro d'assurance sociale

5 **Over the past two years, has the patient been admitted to a hospital/institution?**
Au cours des deux dernières années, le patient a-t-il été admis à l'hôpital ou dans une institution?

☐ Yes / Oui — **If yes,** please list:
Dans l'affirmative, veuillez indiquer **:**

☐ No / Non

Name of the Hospital(s)/Institution(s) - Nom de(s) l'hôpital(aux) ou de(s) l'institution (institutions)

The date(s) of admission La (les) date(s) d'admission Y/A M D/J	The reason(s) for admission La (les) raison(s) de l'admission

6A **Is there supporting evidence for the main medical condition? Please attach supporting documentation.**
Y a-t-il des preuves à l'appui de l'état pathologique principal du patient? Veuillez joindre les documents à l'appui.

Laboratory Reports Rapports de laboratoire	☐ Yes / Oui	☐ No / Non
X-ray reports Radiographies	☐ Yes / Oui	☐ No / Non
Consultants' opinions Opinions de consultants	☐ Yes / Oui	☐ No / Non
Other Autre	☐ Yes / Oui	☐ No / Non
Documentation to be returned Documents devant être retournés	☐ Yes / Oui	☐ No / Non

6B **Please describe relevant physical findings and functional limitations.**
Veuillez décrire les observations physiques et les limitations fonctionnelles pertinentes.

Social Insurance Number
Numéro d'assurance sociale

7 **Are further consultations or medical investigations planned relating to the main medical condition?**
Prévoyez-vous effectuer d'autres consultations ou évaluations médicales en rapport avec son état pathologique principal?

☐ Yes / Oui — **If yes,** please specify: / **Dans l'affirmative,** veuillez préciser :

☐ No / Non

8 **Is the patient currently on medication(s) as a result of the main medical condition?**
Le patient prend-il présentement des médicaments en raison de son état pathologique principal?

☐ Yes / Oui — **If yes,** please indicate dosage and frequency. / **Dans l'affirmative,** veuillez indiquer la dose et la fréquence.

☐ No / Non

9 **Treatment:** List type and response.
Traitement : Indiquez le genre et la réaction.

Social Insurance Number Numéro d'assurance sociale	FOR OFFICE USE ONLY - À L'USAGE EXCLUSIF DU BUREAU		
	☐ A.C. - C.V.	Initials - Initiales	Y/A M D/J

10 **Prognosis of the main medical condition of this patient - Pronostic au sujet de l'état pathologique principal du patient :**

11 **Additional Information - Renseignements supplémentaires**

SIGNATURE (Please print or use a stamp - Veuillez écrire en lettres moulées ou estampiller)

Physician's Full Name - Nom du médecin au complet

Address - Adresse

Postal Code
Code postal

☐ Family Physician
Médecin de famille

☐ Specialty
Spécialité _____

Signature X	Y/A M D/J	Telephone No. - N° de téléphone ( ) -

Please write legibly - Veuillez écrire lisiblement

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QUESTIONNAIRE FOR DISABILITY BENEFITS CANADA PENSION PLAN

1	FIRST NAME AND INITIAL	LAST NAME	SOCIAL INSURANCE NUMBER

EDUCATION

2 What was the highest grade you completed in school?

Have you attended college or university?

☐ Yes **If yes**, indicate number of years and/or diploma/degree obtained.

☐ No

3 Have you ever been involved in any technical, trade, or on the job training? ☐ Yes **If yes**, provide the following details: ☐ No

Dates	Type of program	Certificate obtained

WORK HISTORY (BE SURE TO INCLUDE WORK DONE IN CANADA AND/OR OTHER COUNTRIES)

EMPLOYEE

4 Have you stopped working completely?

☐ Yes, go to question 5.

☐ No, provide the following information:

Type of Work

☐ Full-time ☐ Part-time ☐ Volunteer ☐ Seasonal

Number of hours per day	Number of days per week	If seasonal, explain period(s) of work.	Salary per hour	/or per day	/or per year

5 If you have stopped working completely, provide the following information:

What kind of work did you do in your most recent job?

Why did you stop working?	Date employment started Year Month Day	**Last day on the job** Year Month Day

6 Name and full address of your present or most recent employer.

SELF - EMPLOYED

7 If you are or were self-employed, provide the following information:

a) Date business started Year Month Day

b) When did you actually stop working in the business? Year Month Day

c) Why did you stop working in the business?

d) Describe the business operation.

e) What was your involvement with the business?

Social Insurance Number

SELF - EMPLOYED (CONTINUED)

f) Are you involved in the business in any way at the present time?

☐ Yes, explain your present involvement.

☐ No, provide the following information:

Indicate what disposition has been made for the business:

☐ sold ☐ rented ☐ profit sharing

Date of disposition Year Month Day

If **no disposition** has been made of the business, how does it operate now and what arrangements are you contemplating in the future?

g) What was the last year that an income tax return on the operation of the business was filed in your name?

h) Will you declare yourself a self-employed person for income tax purposes this year?

☐ Yes ☐ No

OTHER WORK HISTORY

IF THERE IS INSUFFICIENT SPACE TO LIST ALL YOUR OTHER TYPES OF WORK, USE THE SPACE AT THE END OF THIS QUESTIONNAIRE.

8 In the past two years, did you do **any other work** in addition to your main job (such as part-time farming, night or other employment)?

☐ Yes **If yes**, provide the following details:

☐ No

Type of work	Number of hours per day	Number of hours per week	Work started Year Month Day	**Last day on the job** Year Month Day

Name and full address of employer

9 Have you done **any other type of work** in the last five years?

☐ Yes **If yes**, list the type of work and the dates.

☐ No

	From Year Month Day	To Year Month Day

10 Because of your medical condition, did you have to do a lighter job or a different type of work?

☐ Yes **If yes**, please describe.

☐ No

11 Has your physician told you when you can return to work?

☐ Yes **If yes**, give the date: Year Month

☐ No

12 Do you plan to return to work or seek work in the near future?

☐ Yes **If yes**, answer **one** of the following questions:

☐ No

a) The date you plan to **return** to your former employer/employment. Year Month

b) The date you will **start** a new job. Year Month

c) The date you plan to start **looking** for work. Year Month

Social Insurance Number

OTHER BENEFITS

13 If you are receiving any form of accident or illness/disability benefits, state the name of the insurance company.

14 If any of your health problems are covered by Provincial workers' compensation benefits, provide details in each case.

Claim Number	Province or Territory	Year	Injury

State type of benefit you now receive.	Percentage of pension awarded

15 Have you received regular Employment Insurance benefits in the last two years?

☐ Yes **If yes**, give the dates:

☐ No

	Year	Month	Day		Year	Month	Day
From				To			
From				To			

MEDICAL INFORMATION

16 **When could you no longer work because of your medical condition?**

Year Month Day

17 Height | Weight | ☐ Right-handed ☐ Left-handed

18 State the illnesses or impairments that prevent you from working. If you do not know the medical names, describe in your own words.

19 Describe how these illnesses or impairments prevent you from working.

20 If you have other health-related conditions or impairments, please describe them.

21 If you had to stop other activities (such as hobbies, sports or volunteer work), please explain and give dates activities ceased.

Social Insurance Number

22 Explain any difficulties/functional limitations you have with the following:

Sitting/Standing (How long?)	Seeing/Hearing
Walking (How long and how far?)	Speaking
Lifting/Carrying (How much and how far?)	Remembering
Reaching	Concentrating
Bending (How much?)	Sleeping
Personal needs (Eating, washing hair, dressing, etc.)	Breathing
Bowel and bladder habits	Driving a car (How long?)
Household maintenance (Cooking, cleaning, shopping and similar activities)	Using public transportation

Social Insurance Number

INFORMATION ABOUT YOUR PHYSICIANS

23 Provide the following information about the physician who will be completing your medical report.

Physician's Full Name

☐ Family Physician ☐ Specialist (Please specify)

Address | City

Province or Territory | Country (If other than Canada) | Postal Code | Telephone Number

When did you first see this physician? Year Month | When was your last visit? Year Month

What were the reasons for your visits?

24 List all other physicians you have seen in the last two years (space for two physicians is provided). If there is insufficient space to list all of your physicians, use the space at the end of this questionnaire.

a) Physician's Full Name | Specialty

Address | City

Province or Territory | Country (If other than Canada) | Postal Code | Telephone Number ( ) -

When did you first see this physician? Year Month | When was your last visit? Year Month

Were your visits related to your present medical condition? ☐ Yes ☐ No **If yes**, explain the reasons for your visits.

b) Physician's Full Name | Specialty

Address | City

Province or Territory | Country (If other than Canada) | Postal Code | Telephone Number ( ) -

When did you first see this physician? Year Month | When was your last visit? Year Month

Were your visits related to your present medical condition? ☐ Yes ☐ No **If yes**, explain the reasons for your visits.

Social Insurance Number

HOSPITALIZATION

25 If you have been admitted to hospital in the last two years, please provide the following information. Space for two hospitals is provided. If there is insufficient space to list all of the hospitals, use the space at the end of this questionnaire.

a) Name of hospital | Mailing address (No., Street, Apt., P.O. Box, R.R.)

City | Province or Territory | Country (If other than Canada) | Postal Code

Date admitted (Year Month Day) | Date discharged (Year Month Day) | Name of attending physician

Reason for admission and type of treatment

b) Name of hospital | Mailing address (No., Street, Apt., P.O. Box, R.R.)

City | Province or Territory | Country (If other than Canada) | Postal Code

Date admitted (Year Month Day) | Date discharged (Year Month Day) | Name of attending physician

Reason for admission and type of treatment

MEDICATION AND TREATMENT

26 List any medication you now take.

Name of medication	Dosage	How often

27 Describe other treatment you receive (such as counselling, physiotherapy).

28 If future treatments or medical tests are planned, please explain, giving dates.

29 List any medical devices you use (such as crutches, cane, artificial limb, splints, braces, wheelchair, hearing aid, heart pacemaker, ostomy apparatus).

Social Insurance Number

VOCATIONAL REHABILITATION (SEE GUIDE ON PAGE 9)

29 If considered suitable, would you consent to a vocational rehabilitation assessment?

- ☐ Yes
- ☐ No **If no**, please explain.

30 Are you presently or have you ever been involved in a rehabilitation program?

- ☐ Yes **If yes**, please provide details.
- ☐ No

DECLARATION AND SIGNATURE

I understand that it is an offence to make a false or misleading statement in an application for benefits.

I realize that my personal information is governed by the *Privacy Act* and it can be disclosed where authorized under the Canada Pension Plan.

I agree to notify the Canada Pension Plan of any changes that may affect my eligibility for benefits. This includes: an improvement in my medical condition; a return to work (full, part-time, volunteer, or trial period); attendance at school or university; trade or technical training; or any rehabilitation.

Signature of Applicant or Representative	Year Month Day	Telephone Number
X		( ) -

Use this space if required. Identify the number of the question the information belongs to.

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AUTHORIZATION TO DISCLOSE INFORMATION/ CONSENT FOR MEDICAL EVALUATION

First Name and Initial	Last Name		**Social Insurance Number**
Home Address (No., Street, Apt., or R.R.)		City	
Province or Territory	Country (If other than Canada)	Postal Code	Telephone Number ( ) -

- **I hereby authorize** any physician, medical specialist, hospital, medical or vocational agency, financial institution, employer, educational institution, as well as any federal, provincial or municipal government department and agency, provincial social services and workers compensation board or administrator of private insurance plans, to disclose information contained in their records to Human Resources Development Canada, for the purpose of determining whether I am or continue to be disabled and whether any amount shall be paid or shall continue to be paid as a benefit under the terms of the Canada Pension Plan.

- **For the purpose** of providing further medical evidence for the evaluation of my disability, I agree, upon request by the Canada Pension Plan Administration, to be examined by a qualified physician or a medical consultant specialist and to submit to such diagnostic tests as the physician or specialist may deem necessary. I also authorize the Canada Pension Plan Administration to provide any relevant medical information relating to my disability to the examining physician or a medical consultant specialist for the purposes of such examination.

- **Any personal information** received by the Canada Pension Plan is protected under the Canada Pension Plan and the *Privacy Act*. I have the right to request access to this personal information and am aware that the information may be used or disclosed within the conditions imposed by the Canada Pension Plan and the *Privacy Act* and outlined in the Personal Information Bank HRDC PPU 140.

- **I have read** the above statements. I understand that this information is essential to determine that I have or continue to have a severe and prolonged mental or physical disability. In addition, this information will be used to determine the date my disability began and ceased under the terms of the Canada Pension Plan. Should I choose not to consent to the disclosure of information and/or not to undergo a medical evaluation, I understand that a decision to grant or deny a disability benefit will be based upon the available evidence in my file.

TO BE COMPLETED BY THE APPLICANT

Signature of Applicant

X

Year Month Day

TO BE COMPLETED BY A WITNESS IF SIGNED WITH A MARK "X" OR BY A REPRESENTATIVE OF THE APPLICANT

If signed by a representative, consent is made on behalf of the applicant.

First Name	Last Name	Telephone Number ( ) -

Signature of Witness or Representative

X

Year Month Day

This authorization form shall be valid for 2 years from the date of signature unless previously revoked in writing by the applicant or the representative signing this form. Any photographic or facsimile copy shall be as valid as the original.

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Canada