

Canada / Bulgaria Agreement

Applying for Bulgarian 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; 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.

ЗАЯВЛЕНИЕ ЗА БЪЛГАРСКА ПЕНСИЯ
(попълва се от заинтересованото лице)
APPLICATION FOR BULGARIAN PENSION
(to be completed by the person concerned)

☐ за осигурителен стаж и възраст / old age pension	☐ за инвалидност поради общо заболяване / invalidity pension	☐ наследствена / survivor's pension
--	--	---

ЧАСТ I /PART I

1 Лични данни и декларации на заявителя (правоимащото лице)
Personal data and declarations from the claimant (the entitled person)

- 1.1 Фамилия/ Surname:
- 1.2 Име и презиме/ Given name(s):.....
- 1.3 Предишни имена/ Maiden name(s):.....
- 1.4 Гражданство/ Nationality:
- 1.5 Дата на раждане/ Date of birth:.....
- 1.6 Адрес/Address:
- 1.7 български осигурителен номер (ЕГН)/Insurance number in Bulgaria (EGN).....:
канадски осигурителен номер/ Social Insurance Number in Canada.....:
- 1.8 Декларирам, че / I hereby declare that I
☐ вече получавам следния вид българска пенсия / already receive the following type of pension:.....
.....
☐ не получавам пенсия/ do not receive pension
- 1.9 Искам пенсията ми да се изплаща по банкова сметка/ I would like my pension to be paid on bank account :
Банкови данни/ Bank information
Име на банката/ Name of the bank :
Адрес на банката/ Address of the bank :
Идентификационен код на банката (BIC/SWIFT):
Bank identification code (BIC/SWIFT)
Международен номер на банковата сметка (IBAN):
International bank account number (IBAN)

Подпис на заявителя:
Signature of the claimant:

**Част II се попълва само при заявление за наследствена пенсия
или за добавка от пенсията на починал съпруг**
**Part II has to be filled only for a survivor's pension claim or additional benefit claim
from pension of the deceased person**

ЧАСТ II / PART II

- 2 Информация за починалото осигурено лице (наследодател)
Information concerning the deceased insured person (contributor)

- 2.1 Фамилия/ Surname:
 2.2 Име и презиме/ Given name(s):
 2.3 Предишни имена/ Maiden name(s):
 2.4 Гражданство/ Nationality:
 2.5 Дата на раждане/ Date of birth:
 2.6 Дата и място на смъртта/ Date and place of death:
 2.7 български осигурителен номер (ЕГН)/Insurance number in Bulgaria (EGN):
 канадски осигурителен номер/ Social Insurance Number in Canada:
 2.8 Към датата на смъртта осигуреното лице / At the date of death the insured person
☐ все още е упражнявало трудова дейност ☐ вече не е упражнявало трудова дейност от
 is still pursuing gainful employment ceased to pursue gainful employment since
 2.9. Към момента на смъртта осигуреното лице / At the date of death, the insured person (contributor)
☐ е получавало следния вид пенсия:
 was receiving the following type of pension:
 Институтция, която изплаща пенсията:
 Institution responsible for paying the pension
☐ не е получавало пенсия
 did not receive pension

- 3 Допълнителна информация за вдовец/вдовицата (заявителя от част I)
Additional information concerning the widow/widower (the claimant from part I)

- 3.1 Декларирам, че към датата на смъртта на наследодателя съм бил/а в законен брак с починалия наследодател
I hereby declare that till the date of death I've been in marriage with the deceased person (contributor)
☐ да ☐ не
 Yes no
 3.2 Дата на сключване на брак с починалото осигурено лице:
 Date of marriage with the deceased insured person:
 3.3 Сключен ли е друг брак след смъртта на наследодателя? ☐ да, от ☐ не
 Do you have another marriage after the death of the deceased insured person? Yes, since no
 3.4 Неработоспособен/на ли сте? ☐ да ☐ не
 Do you have incapacity to work? Yes no

Подпис на заявителя:
Signature of the claimant:

4.

Заявявам, че желая да бъде отпусната наследствена пенсия и за непълнолетните деца, които са наследници на наследодателя* / I hereby declare that I wish survivor's pensions to be granted also for the under-aged children, who are heirs of the contributor

Информация за децата / Information concerning children

Фамилия, име и презиме Surname, Forenames	Осигурителен номер Insurance Number	Дата на раждане Date of birth	Забележки (учащ или други) Remarks (studying, etc.)
1.....			
2.....			
3.....			

* Наследниците на наследодателя между 18-26 годишна възраст подават отделно заявление от свое име

* heirs of the contributor between 18-26 years of age have to claim for pensions on their own behalf

ЧАСТ III / PART III

5

Декларации / Declarations

1. Декларирам, че / I hereby declare that

Прекратих пенсионното си осигуряване си като наето лице в България на

I terminated my pension insurance as employee in Bulgaria on (ден, месец, година/ day, month, year)

Прекратих трудовата си дейност като наето лице в Канада на:.....

I terminated my insurance as employee in Canada on: . (ден, месец, година/ day, month, year)

Все още се осигурявам като / I am still pursuing/activities as:

☐ наето лице / employee

☐ самостоятелно заето лице / self-employed

2. Декларирам, че желая размерът на пенсията да бъде определен

I hereby declare that I would like the amount of my pension to be determined

За Република България / For the Republic of Bulgaria :

☐ от дохода, посочен в приложеното удостоверение, образец УП-2, издадено от работодателя
from the income, indicated in the attached Certificate pattern UP 2, issued by the employer

☐ от минималната месечна работна заплата, установена за страната за периода
from the minimal monthly salary, determined within the country for the period

от до на работа в България
from to of work in Bulgaria

Декларирам, че всички данни посочени в заявлението са точни и пълни. Запознат съм, че посочването на неверни данни може да доведе до прекратяване на отпусната пенсия, до възстановяване на получените суми с лихва, както и до наказателно производство.

В случай, че възникне промяна по отношение на дадената по-горе информация (напр. в осигурителния ми доход, семейното ми положение или адреса) ще информирам незабавно Националния осигурителен институт за тази промяна.

I hereby declare that the particulars contained in my claim are accurate and complete. I am aware that the indication of false information can lead to a termination of my pension, return of the received pension payments with an interest, as well as court proceedings.

If any change should occur regarding information given herein, such details of income, civil status or address, I shall inform without delay the National Social Security Institute.

Прилагам броя документи

Hereby I enclose.....(number of) documents

Дата:

Date:

Подпис на заявителя:

Signature of the claimant:

ЧАСТ IV / PART IV

Институцията на Канада, която заверява датата на заявлението и данните, свързани с гражданското състояние на заявителя / Institution of Canada confirming the date of submission of the claim and the civil status of the claimant

Дата на подаване на заявлението/ Date of submission of the application:.....

Личните данни на заявителя, посочени в това заявление, са сверени и потвърдени въз основа на представените оригинални документи.

The personal data of the claimant, have been compared and confirmed with the original documents.

Дата / Date:.....

Подпис на длъжностното лице:

Signature of the responsible person:

Печат/ Stamp:

ИЗИСКВАНИ ДОКУМЕНТИ / УДОСТОВЕРЕНИЯ ПО ЗАКОНОДАТЕЛСТВОТО НА БЪЛГАРИЯ REQUESTED DOCUMENTS/CERTIFICATES UNDER THE LEGISLATION OF BULGARIA

I. При заявления за лични пенсии за осигурителен стаж и възраст и пенсии за инвалидност

In case of an application for personal pension for contributory period and age, and invalidity pension

1. Оригинални документи за осигурителен/трудова стаж (трудова/осигурителна книжка или удостоверение- образец УП-30 / УП -3);
Original documents for the contributory/labour period (labour /contributory record book or certificates pattern UP-30/UP-3);
2. Оригинални документи за осигурителен доход (удостоверение образец УП- 2 от работодател, осигурителна книжка);
Original documents for contributory income (certificate pattern UP-2 from an employer or contributory record book);
3. Военно-отчетна книжка или удостоверение от Централния военен архив (оригинал);
Military service book or certificate issued from the Central military archive;
4. При заявления за пенсия за инвалидност – медицински доклад, попълнен и заверен от канадски медицински орган или експертно решение на българска лекарска комисия или заверено копие на медицинска документация;
In case of application for invalidity pension – medical report filled and signed from medical authority in Canada or an expert decision by the Bulgarian medical committee or a certified copy of the medical documentation;

II. При заявления за наследствени пенсии /In case of claims for survivor's pensions

1. При наследодател, който не е бил пенсионер – документите, посочени в част I;
In case that the deceased person has not been a pensioner until his/her death – the documents, specified in part I;
2. Удостоверение за наследници, акт за смърт, акт за граждански брак, акт за раждане;
Certificate for survivors; death certificate; marriage certificate; birth certificate;
3. Удостоверение за учащ от съответното учебно заведение за дете от 18 до 26-годишна възраст;
Certificate for a studying person from the respective educational institution for a child between 18 and 26 years of age;
4. Медицински доклад, попълнен и заверен от канадски медицински орган или експертно решение на българска лекарска комисия или заверено копие на медицинска документация (ако наследника е неработоспособен);
Medical report filled and signed from medical authority in Canada or an expert decision of a medical Committee or a certified copy of medical documentation (in case the survivor is incapable to work);
5. За родителите - документ, удостоверяващ, че са родители (заверено фотокопие от акт за раждане на детето; ако детето е осиновено – (заверено фотокопие от съдебното решение) и декларация, че не са лишени от родителски права.
For parents – a document, certifying that they are parents (certified photocopy of a birth certificate of the child; if the child is adopted – (certified photocopy of the legal ruling) and declaration, that they have not been deprived of parental rights.

III. Документи за осигурителен доход / Documents about contributory income

Удостоверение, образец УП-2, издаден от съответния работодател в България, за дохода от три последователни години от последните 15 години български осигурителен стаж до 31.12.1996 г. по избор на лицето. Ако осигурителният стаж в България до 31.12.1996 г. е по-малък от три години, се представя удостоверение, образец УП-2 за дохода за наличния осигурителен стаж. Ако лицето е работило в България и след 01.01.1997 г., задължително се представя удостоверение, образец УП-2 за дохода и след тази дата до датата на прекратяване на осигуряването.

В случай, че не може да се представи удостоверение, образец УП-2, лицето следва да посочи избран от него период от българския осигурителен стаж, от който желае да бъде изчислен размера на пенсията на базата на минималната работна заплата за същия период.

Certificate pattern UP 2 issued by the respective employer in Bulgaria, must be attached, for the income during three consecutive years from the last 15 years of contributory period in Bulgaria, until 31.12.1996 at the choice of the person. If the contributory period in Bulgaria until 31.12.1996 is shorter than three years, a certificate pattern UP 2 for the income of the existing contributory period is attached. If the person has also worked in Bulgaria after 01.01.1997, it is obligatory to present Certificate pattern UP 2 for the income after this date, until the date of termination of the social security.

In case it is not possible to submit a Certificate pattern UP 2, the person must choose a period of the Bulgarian insurance period, from which he would like the pension to be calculated from, on the basis of the minimal monthly salary for the same period.



CANADIAN RESIDENCE - INFORMATION REGARDING A DECEASED PERSON

Canadian Social Insurance Number _____

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Miss

First Name and Initial

Last Name

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

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

- Date of arrival in Canada: _____
- Place of arrival in Canada: _____

2. List all the places where the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (immigration 1000, complete passport, airline tickets, etc.):

From (Year/Month/Day)	To (Year/Month/Day)	City	Province/Territory

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

Departure (Year/Month/Day)	Return (Year/Month/Day)	Destination	Reason

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

Name	Address	City	Telephone Number
			() -
			() -

DECLARATION OF APPLICANT

I declare that this information is true and complete. (It is an offence to make a misleading statement)

Signature: X

Date: _____

Year Month Day

Telephone number: () - _____

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A -TO BE COMPLETED BY STUDENT

1. Contributor's Social Insurance Number	☐ Mr. ☐ Mrs. Contributor's Given Name and Initial ☐ Ms. ☐ Miss	Last Name
2. Your Social Insurance Number	☐ Mr. ☐ Mrs. Your Given Name and Initial ☐ Ms. ☐ Miss	Last Name
3. Home Address	Home Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
5A. Student ID Number	5B. Name of School, University, College, Junior College, Training Center, etc.	
5A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) ☐ Full Time ☐ Evening Time ☐ Other	5B. Number of Courses	5C. Enrolled In (Specify Course, Grade or Program)
6A. Number of hours you are required to attend per week for course, grade or program. Hours per week	6B. When did or will your current attendance begin? Year Month	6C. When will your current attendance end? Year Month
8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.		

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

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

Date	Signature of Student	Telephone Number
------	----------------------	------------------

SECTION B- TO BE COMPLETED BY SCHOOL OR UNIVERSITY

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

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

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

Canada / Bulgaria Agreement

Documents and/or information required to support your application [CAN/BG 1] for a Bulgarian Survivor Pension

Complete the attached form:

- **Canadian Residence [SC ISP5015]** indicating the deceased's period(s) of residence in Canada
- **Declaration of Attendance at School or University** for child aged 18 to 26 years of age (if applicable)

The applicant must submit original or certified copies of the following:

- Birth certificate for the claimant, the deceased and any children of the deceased (if the child is adopted provide certified copy of the legal ruling)
- Death certificate
- Marriage certificate
- Proof of the deceased's dates of entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)
- Labor/Contributory record book UP-30 or certificates pattern UP-3 for the deceased (original only)
- Certificate pattern UP-2 from employer or contributory record book for the deceased (original only)
- Certificate of attendance at school or university (If applying for a child's benefit between age of 18 and 26)
- Military service book or certificate issued from the Central military archives for the deceased (if applicable)
- Detailed Medical Report or certified copies of medical documentation (in cases where survivor is incapable to work)

have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age S