Canada/Slovenia Agreement

Applying for a Slovenian survivor's pension

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

AGREEMENT ON SOCIAL SECURITY BETWEEN THE GOVERNMENTS OF CANADA AND THE REPUBLIC OF SLOVENIA
SPORAZUM O SOCIALNI VARNOSTI MED VLADO KANADE IN VLADO REPUBLIKE SLOVENIJE

SLOVENIAN WIDOW'S/WIDOWER'S – SURVIVOR'S PENSION CLAIM
ZAHTEVEK ZA SLOVENSKO VDOVSKO – DRUŽINSKO POKOJNINO

1. Personal details of the deceased insured person (1)
Osebni podatki o umrlem zavarovancu/ki

1.1 Canadian Social Insurance Number
Zavarovalna številka v Kanadi

Slovenian Pension Number
Pokojninska številka v Sloveniji

1.2 Surname _____
Priimek

Surname at birth _____
Priimek ob rojstvu

1.3 Given name _____
Ime

1.4 Date of birth (day, month, year) _____
Datum rojstva (dan, mesec, leto)

1.5 Place of birth (city/town and country) _____
Kraj rojstva (mesto, država)

1.6 National Identification Number /__/__/__/__/__/__/__/__/__/__/__/__/__/
Enotna matična številka občana - EMŠO

1.7 Sex ☐ male *moški* ☐ female *ženska*
Spol

1.8 Marital status at the time of death
Osebno stanje ob smrti

☐ single *samski/a* ☐ married *poročen/a* ☐ divorced *razvezan/a*

☐ widow/er *ovdovel/a* ☐ remarried *ponovno poročen/a*

since (day, month, year) _____
od (dan, mesec, leto)

1.9 Nationality _____
Državljanstvo

1.10 Residence at the time of death _____
Prebivališče v času smrti

_____
/number, street, city/town, postal code, country/
/poštna številka, kraj, ulica, hišna številka, država/

1.11 Date of death (day, month, year) _____
Datum smrti (dan, mesec, leto)

1.12 Cause of death _____
Vzrok smrti

_____

2. Personal details of the applicant (1)
Osebni podatki o predlagatelju/ici zahteve

2.1 Surname _____
Priimek

2.2 Given name _____
Ime

2.3 Surname at birth _____
Priimek ob rojstvu

2.4 Previous surnames _____
Prejšnji priimki
/e.g. from previous marriage(s)/
/pripišite npr. vdova, vdovec, razvezan/a/

2.5 Date of birth (day, month, year) _____
Datum rojstva (dan, mesec, leto)

2.6 Place of birth (city/town and country) _____
Kraj rojstva (mesto, država)

2.7 Sex ☐ male *moški* ☐ female *ženska*
Spol

2.8 Nationality _____
Državljanstvo

2.9 National Identification Number /__/__/__/__/__/__/__/__/__/__/__/__/__/
Enotna matična številka občana - EMŠO

2.10 Present address _____
Sedanje prebivališče
/number, street, city/town, postal code, country/
/poštna številka, kraj, ulica, hišna številka, država/

2.11 Relationship to the insured
Razmerje do umrlega/e zavarovanca/ke

☐ widow *vdova* ☐ widower *vdovec* ☐ child *otrok* ☐ divorced spouse *razvezani zakonec* ☐ other dependent person *druga vzdrževana oseba*

/In the case of a widow or widower proceed to Sections 2.12 to 2.14/
/Če gre za vdovo ali vdovca izpolniti še točke od 2.12. do 2.14/

2.12 Date of marriage (day, month, year) _____
Datum sklenitve zakonske zveze (dan, mesec, leto)

2.13 Did the marriage last until the death of the insured?
Ali je zakonska zveza obstajala do smrti zavarovanca/ke?

☐ Yes *Da* ☐ No *Ne*

2.14 Did the widow/widower remarry after the death of the insured?
Ali se je vdova/vdovec po smrti zavarovanca/ke ponovno poročil/a?

☐ Yes *Da* ☐ No *Ne*

If yes: On (day, month, year) _____
***Če da: Dne** (dan, mesec, leto)*

3. Is someone acting on behalf of the applicant (1)
Ali zastopa predlagatelja/ico v tem postopku druga oseba?

☐ Yes *Da* ☐ No *Ne*

If yes: / ***Če da:***

Surname and given name _____
Priimek in ime

In the capacity of
V svojstvu kot

☐ legal representative* *zakoniti zastopnik/ca* ☐ guardian* *skrbnik/ca* ☐ authorized person *pooblaščenec/ka*

Since (day, month, year) _____
Od (dan, mesec, leto)

Address _____
Naslov
/number, street, city/town, postal code, country/
/poštna številka, kraj, ulica, hišna številka, država/

*Please enclose proof.
Prosimo, da predložite dokazila.

4. Details of the children for whom a survivor's pension claim is being made (1)
Podatki o otrocih, za katere je vložen zahtevek za družinsko pokojnino

4.1

Surname and given name *Priimek in ime*	Date of birth (day, month, year) *Datum rojstva (dan, mesec, leto)*	Legal relationship to the insured* *Zakonsko razmerje do zavarovanca**	Place of residence of the child *Kraj bivanja otroka*	National Identification Number *Enotna matična številka - EMŠO*

* e.g. a legitimate or illegitimate child, stepchild, foster child or adopted child
npr. zakonski ali nezakonski otrok, pastorek, rejenec ali posvojenec

4.2 Additional particulars of the children who are between 15 and 26 years old and are regularly attending school
Dodatni podatki o otrocih, ki so že dopolnili 15 let, niso pa še stari 26 let in se redno šolajo

Surname and given name *Priimek in ime*	Educational institution* *Vrsta šolanja*	Anticipated period of education *Predvideno trajanje šolanja* from *od* / to *do*

Please enclose proof of school attendance
Prosimo, da predložite potrdilo o šolanju.

4.3 Are any of the above mentioned children claiming a survivor's pension due to his/her disability?
Ali uveljavlja kateri od zgoraj navedenih otrok družinsko pokojnino zaradi invalidnosti?

☐ Yes *Da* ☐ No *Ne*

If yes: *Če da:*

Surname and given name _____
Priimek in ime

Date of disability onset (day, month, year)
Datum invalidnosti (dan, mesec, leto) _____

/medical documentation must be enclosed/
/Prosimo, da obvezno predložite medicinsko dokumentacijo./

4.4 Other benefits
Druge dajatve

Are any of the above mentioned children already in receipt of a Slovenian survivor's pension due to the death of the other parent or is such a claim being made?
Ali kateri od otrok že prejema družinsko pokojnino iz slovenskega zavarovanja po drugem od staršev ali pa je tak zahtevek vložen?

☐ Yes *Da* ☐ No *Ne*

If yes: *Če da:*

Child's surname and given name _____
Priimek in ime otroka

Surname and given name of the other parent
Priimek in ime drugega od staršev

_____

Competent insurance agency _____
Nosilec zavarovanja

Reference number _____
Številka zadeve

4.5 Is a survivor's pension being paid to any of the above mentioned children from a Canadian or another foreign pension scheme?
Ali prejema kateri od otrok družinsko pokojnino iz kanadskega ali drugega tujega zavarovanja?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:* Specify country _____ ***Navedite iz katere*** *države* Child's surname and given name _____ *Priimek in ime otroka* Competent insurance agency _____ *Nosilec zavarovanja* Reference number _____ *Številka zadeve*

5. Particulars of the child's/children's guardian (1)
Podatki o skrbniku otroka/otrok
(To be completed only when a guardian has been appointed to the child/children)
(Izpolnite le, če je bil otroku/otrokom dodeljen skrbnik)

5.1 Please **give** the details of the guardian
Prosimo, navedite podatke o skrbniku

Surname and given name _____
Priimek in ime

Guardianship valid since:(day, month, year) _____
Skrbništvo velja od (dan, mesec, leto)

Address _____
Naslov **/number**, street, city/town, postal code, country/
/poštna številka, kraj, ulica, hišna številka, država/

5.2 Details of the children under the care of a guardian
Podatki o otrocih pod skrbništvom

Given name *Ime*	Surname *Priimek*	Child's address *Otrokov naslov*

6. Other details of the deceased insured (1)
Drugi podatki o umrlem zavarovancu/ki

6.1 Had the deceased insured previously received a pension or was he/she in receipt of a pension on the date of his/her death, or had such a claim been made (in Canada, Slovenia or in a third country)?
Ali je umrli/a zavarovanec/ka na dan smrti ali pred tem prejemal/a pokojnino oz. ali je zanjo vložil/a zahtevek (v Kanadi, Sloveniji ali tretji državi)?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:*	The competent insurance agency _____ *Nosilec zavarovanja* Reference number _____ *Številka zadeve*

6.2 Was the death due to an accident or caused by a third party?
Ali je zavarovanec/ka umrl/a za posledicami nesreče ali je smrt povzročila druga oseba?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:*	Type of accident _____ *Vrsta nesreče* Place of accident _____ *Kraj nesreče* Date of accident (day, month, year) _____ *Datum nesreče (dan, mesec, leto)* Name and address of the person responsible for the accident *Ime in naslov povzročitelja nesreče* _____

6.3 Had the deceased insured been employed in a third country?
Ali je bil/a umrli/a zavarovanec/ka zaposlen/a v tretji državi?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:*	In which country? _____ *V kateri državi?*

6.4 Where and when was the deceased insured employed in Slovenia?
Kje in kdaj je bil/a umrli/la zavarovanec/ka zaposlen/a v Sloveniji?

Place of employment *Kraj zaposlitve*	Employer's name and address *Naziv in naslov delodajalca*	Period *Obdobje* from *od*	to *do*
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

6.5 The following certificates supporting employment periods specified in Section 6.4 are enclosed:
Priložena so naslednja dokazila za zaposlitve navedene pod točko 6.4:

_____

_____

_____

6.6 Education level of the deceased insured person in the last year of insurance with the Slovenian insurance agency
Dejanska strokovna izobrazba umrlega/le zavarovanca/ke v zadnjem letu zavarovanja pri slovenskem nosilcu

_____

/Please give the name of the institution in which the education has been attained and enclose a certified copy of the final school report/
/Navedite naziv šole v kateri je bila ta izobrazba pridobljena, ter priložite overjeno fotokopijo zaključnega spričevala!/

7. Other details (1)
Drugi podatki

7.1 Was the widow/widower employed or self-employed and contributing to the Canada Pension Plan or Quebec Pension Plan after the death of the insured person?
Ali je bil/a vdovec/a po smrti zavarovanca/zavarovanke zaposlen/a ali je opravljal/a samostojno dejavnost in so se plačevali prispevki v kanadsko ali quebeško pokojninsko zavarovanje?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:*	Date when contributions commenced _____ *Datum začetka zavarovanja* If no longer contributing: date of cessation of contributions /please enclose a certificate thereon/ *Če je zavarovanje prenehalo: datum prenehanja /priložite potrdilo o prenehanju/* _____

7.2 Is the applicant permanently incapable of work?
Ali je predlagatelj/ica zahtevka trajno nezmožen/a za delo?

Yes *Da* ☐ No *Ne*	**If yes:** *Če da:*	Since when (day, month, year)_____ *Od kdaj (dan, mesec, leto)* please enclose the medical report. *predložite zdravniško mnenje.*

7.3 If the claim is made by a divorced spouse, was the insured obliged to pay alimony to him/her according to a judicial decision?
Če zahtevek vloži razvezani zakonec: ali je bil/a zavarovanec/ka po sodni odločbi dolžan/a plačevati preživnino?

Yes *Da* No *Ne*	**If yes:** *Če da:*	Please enclose the judicial decision. *Prosimo, da predložite odločbo sodišča!*

8. *Other benefits (1)*
Druge dajatve

8.1 Is the applicant receiving a benefit from a Canadian or another foreign pension scheme?
Ali predlagatelj/ica že prejema dajatev iz kanadskega ali drugega tujega pokojninskega zavarovanja?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:* Specify benefit type and country _____ *Vrsta dajatve in država*
	Received since: (day, month, year) _____ *Od kdaj prejema: (dan, mesec, leto)*
	Address of Social Security Institution(s): _____ *Naslov nosilca zavarovanja:*
	Reference number: _____ *Številka zadeve:*

8.2 Has the applicant submitted a pension claim to a Slovenian pension scheme?
Ali je predlagatelj/ica že vložil/a zahtevek za priznanje pravice do pokojnine iz slovenskega pokojninskega zavarovanja?

☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:* Specify insurer? _____ *Pri katerem nosilcu?*
Has the pension been granted? *Ali je bila pravica do pokojnine priznana?*	
☐ Yes *Da* ☐ No *Ne*	**If yes:** *Če da:* Since when? (day, month, year) _____ *Od kdaj? (dan, mesec, leto)*

9. Declaration of the applicant
Izjava predlagatelja

Note: According to Slovenian legislation providing false or misleading information is considered a criminal offence.
Opozorilo: Po slovenskih pravnih predpisih je dajanje napačnih oziroma zavajajočih podatkov kaznivo dejanje.

The undersigned declares that the answers to all questions are complete and truthful. The benefits which have been unjustly granted to me on the basis of incomplete or inaccurate information must be returned.
Podpisani/a izjavljam, da sem na vsa vprašanja v celoti in po resnici odgovoril/a. Dajatve, ki so mi bile priznane na podlagi nepopolnih in netočnih podatkov, moram vrniti.

I hereby authorize the Department of Human Resources Development of Canada to disclose to the Institute of Pension and Disability Insurance of Slovenia all the information and documentation in its possession which relates or could relate to this claim for benefits.
Pooblaščam Department of Human Resources Development of Canada, da posreduje Zavodu za pokojninsko in invalidsko zavarovanje Slovenije vse podatke in dokumentacijo s katero razpolaga in ki se nanaša na zahtevek za dajatev.

Date: _____
Datum:

Signature of applicant: _____
Podpis predlagatelja/ice:

NOTE: A mark instead of a signature is acceptable on condition that it has been made in the presence of a responsible person, who must complete the following statement.

VAŽNO: *Podpis s križcem se prizna, če je bil narejen v prisotnosti odgovorne osebe, ki mora izpolniti naslednjo izjavo:*

10. Witness's statement (only in the cases when the applicant has made a mark instead of signing the claim)

Izjava priče (zahteva se le, če se predlagatelj/ica zahtevka podpiše s križcem)

I have read the contents of this claim to the applicant, who appeared to fully understand and made a mark in my presence.

Vsebino zahtevka sem prebral/a, predlagatelju/ici za katerega menim. da jo je v celoti razumel/a in ki se je v moji prisotnosti podpisal/a s križcem.

Witness's signature	Witness's surname and given name (please print)	Witness's address
Podpis priče	*Priimek in ime priče (s tiskanimi črkami)*	*Naslov priče*
_____	_____	_____

11. If someone has been authorized to act on behalf of the applicant, the following authorization must be completed

Če ima predlagatelj/ica pooblaščenca izpolnite pooblastilo

The applicant hereby authorizes (name and address)
Predlagatelj/ica pooblašča (ime in naslov)

_____

to represent him/her, have access to all information/documentation and act on his/her behalf.
In addition he/she shall receive any decisions and submit documents required for the processing of this claim.
da ga/jo zastopa, ima vpogled v spis, ukrepa v njegovem/njenem imenu ter da sprejme odločbo in predloži dokaziła ali dokumentacijo, ki se zahtevajo za obravnavo tega zahtevka.

Date: _____
Datum:

Signature of the applicant	Signature of the authorized person
Podpis predlagatelja/ice	*Podpis pooblaščene osebe*
_____	_____

12. To be completed by the Canadian liaison agency
Opombe kanadskega organa za zvezo

This is to certify that the information provided in Section 1., 2. and 4.1 has been verified.
The following documents are enclosed:
Kanadski organ za zvezo, pri katerem je zahtevek vložen, potrjuje, da so bili podatki, ki so v tem zahtevku navedeni pod točkami 1, 2, in 4.1 preverjeni. Pošiljamo Vam:

with Section 3 _____
k točki 3
with Section 4.2 _____
k točki 4.2
with Section 4.3 _____
k točki 4.3
with Section 6.5 _____
k točki 6.5
with Section 6.6 _____
k točki 6.6
with Section 7.1 _____
k točki 7.1
with Section 7.2 _____
k točki 7.2
with Section 7.3 _____
k točki 7.3

_____

_____

/other notes/
/morebitne druge opombe/

Official stamp and signature of the Canadian liaison agency
Žig in podpis kanadskega organa za zvezo

_____

Place and date: _____
Kraj in datum:

Instructions
Navodila

(1) Please tick the appropriate box.
Ustrezni okvirček označite s križcem

INSTRUCTIONS FOR COMPLETING THE CAN/SI 1.2 CLAIM FORM

The CAN/SI 1.2 form "Widow's-Widower's-Survivor's Pension Claim" should be completed by a person who lives in Canada and claims a survivor's pension from the Slovenian pension and disability scheme.

We ask you to give precise answers to all the questions and enclose the required supporting documentation and certificates. You are requested to complete the form in block letters or type the answers.

Section 1

All the data stated in this section refer to the deceased insured person from whose insurance a widow's-widower's-survivor's pension from the Slovenian pension and disability insurance scheme is claimed. You are requested to enclose corresponding documentation for the deceased insured person (birth certificate, death certificate, nationality certificate) with the personal data of the deceased insured person. If applicable, the competent Canadian agency will make certified photocopies of the documents and return them to you.

1.1 Please state the Canadian Social Insurance Number and Slovenian Pension Number. In case these numbers have not been assigned to the deceased insured person yet, or you do not know them, the deceased insured person will be identified on the basis of the particulars stated in sections **1.2** to **1.9**.

1.2 Please state the surname at the date of death and at birth. The surname at birth is required for identification if the surname was changed due to marriage or for another reason.

1.3 Please enter the given name. In case the deceased insured person had several names, please state all the names and underline the one which was most frequently used.

1.4 Please state the date of birth and enclose the birth or baptismal certificate of the deceased insured person.

1.5 Please give complete data on the place and country of birth of the deceased insured person.

1.6 Please enter the deceased insured person's National Identification Number (EMŠO), which is a thirteen-digit number, consisting of the deceased insured person's date of birth, a country's code number, a serial number indicating sex (from 0 to 499 for men and from 500 to 999 for women) and a control number according to module **11**. The EMŠO can be found in a Slovenian passport, a Slovenian ID card, and some other identification documents.

In addition to other particulars, the National Identification Number will help us to identify the deceased insured person and obtain the particulars necessary in the pension procedure.

1.7 Please tick the appropriate box indicating sex.

1.8 Please state the deceased insured person's marital status, specifying the effective date of this status.

1.9 Please state the nationality of the deceased insured person. In case the deceased insured person was of Slovenian nationality, please enclose a corresponding nationality certificate. In addition to periods completed in Slovenia, the insurance periods completed by a Slovene citizen in the republics of the former Yugoslavia until 31/03/1992 might be taken into account as Slovenian periods until the conclusion of an agreement on social security with the new states.

1.10 Please state the address of the deceased insured person at the time of his/her death.

1.11 Please state the date of death of the deceased insured person.

1.12 Please enter the cause of death of the deceased insured person (e.g.: disease, accident etc.).

Section 2

All the data required under this section refer to the applicant for a survivors pension from the insurance of the deceased insured person.

The same instructions apply for the completion of individual headings under section **2.1** to **2.9** as under section **1.1** to **1.9**

2.10 Please state your present address, to which you will receive your mail regarding your pension claim

2.11 Please tick the appropriate box indicating your relationship to the deceased insured person.

2.12 Please state the date of marriage with the deceased insured person.

2.13 We ask you to indicate whether you were still married to the deceased insured person on the date of his/her death. This is a highly relevant piece of information since under Slovenian legislation a divorced spouse is entitled to a widow's-widower's pension provided he/she was entitled to alimony payments by a judicial decision or as per agreement, which he/she received until the death of the insured.

2.14 Under this section, information regarding whether the widow/widower remarried is required. A widow-widower is no longer entitled to a widow's-widower's pension if she/he remarries before the age stated by the law unless he/she has been

Section 3

This section only needs to be completed if the applicant for a Slovenian widow's-widower's-survivor's pension - the person mentioned under section **2** - has a legal representative, a guardian or another authorized person. If this is the case, please enter his/her surname, given name and address under the corresponding heading, and tick the appropriate box indicating the representative's status. If the person is a legal representative or a guardian, please enclose a supporting document; if the person is another authorized person, section **11** should be completed.

Section 4

Under this section the particulars on the children who claim a survivor's pension are required.

4.1 Please state all the children who claim a survivor's pension, giving all the required information for each child.

4.2 Under this section please state additional information for those children from section **4.1** who are between 15 and 26 years old and are regularly attending school. Please enclose a school certificate for each child. In accordance with Slovenian legislation, a child is entitled to a survivor's pension until his/her 15th birthday or until his/her 26th birthday as long as he/she regularly attends school.

4.3 Under Slovenian legislation, a disabled child who is completely unable to work is entitled to a survivor's benefit, regardless of age, for as long as the disability lasts. Medical documentation confirming the onset of disability must be provided.

4.4 This section only has to be completed if one of the children is already receiving a survivor's pension from the Slovenian insurance scheme from the insurance of the other parent or if such a claim has been submitted. If both parents of a child die and if all the prescribed conditions are fulfilled, the child is entitled to a survivor's pension from the insurance of one parent and part of a survivor's pension from the insurance of the second parent.

4.5 In this section please enter the information on the pension benefits the child is already receiving from the Canadian or another foreign pension scheme. Although this information is not essential for a decision on a survivor's pension claim, it can, however, be helpful to the insurance agency in obtaining documentation when other information is incomplete.

Section 5

This section should only be completed when a guardian has been appointed to the child/children indicated in section **4.1**.

5.1 Please enter the required data on the guardian, who will also receive all the mail regarding the claim of a child for a survivor's pension.

5.2 Please state the children who were appointed a guardian.

Section 6

The information required under this section refers to the deceased insured person.

6.1 We ask you to state the data on the benefits the deceased insured person had been receiving from the Slovenian, the Canadian or another foreign insurance scheme or whether such a claim had been submitted. These data are required to avoid double pension files. They can also be helpful to the insurance agency in obtaining file documentation.

6.2 This section should only be completed if the insured person died due to an accident and the death was caused by a third party. In this case we need the data on the person who caused the accident since the Institute may claim reimbursement of the damage.

6.3 Entitlement to benefits under the Agreement on Social Security between Canada and Slovenia could, under special conditions, depend on insurance periods completed in a third country. It is therefore important that the answers under section **6.3** be as accurate as possible so that you get all the benefits you may be entitled to.

6.4 The basic condition for entitlement to Slovenian pension and disability benefits is the completion of a prescribed period of insurance under Slovenian legislation. The insurance period completed also affects the pension rate. Therefore precise answers to the questions under section **6.4** are of extreme importance. There is a precondition for the Slovenian insurance periods of the deceased insured person to be correctly established.

6.5 Under this section please list all the documents you are providing to support the employment of the deceased insured person in Slovenia which you have already stated under section **6.4**. This documentation is required to establish the Slovenian insurance period of the deceased insured person.

6.6 This section should only be completed in cases when the deceased insured person had not completed at least one year of insurance periods in Slovenia after 01/01/1966, the wages of which would serve as a basis for the assessment of one's pension basis (i.e. at least six months of insurance in a calendar year). In these cases - different from a general principle according to which a pension is assessed from a pension basis established on the basis of an eighteen-year wage average or pensionable insurance bases after 01/01/1970, and in some cases after 01/01/1966) - a pension is assessed from a pension basis in the amount of the average scheduled wage rate, which would be established for that person with respect to one's education level in the last year of the membership in the insurance scheme under the service contract or a general contract for the last calendar year before the year in which a pension is claimed. Therefore corresponding data with supporting certificates - a school report on the education level of the deceased insured person, referring to the situation in the last

Section 7

7.1 The data under this section refer to the person in section **2**.

Under Slovenian legislation, one of the conditions for pension entitlement is the cessation of employment. Therefore a person who is employed, self-employed or contributing to an insurance scheme, either in Slovenia or in another foreign country, cannot become entitled to a Slovenian pension. Information on whether you are still employed, self- employed or contributing to a pension scheme, either in Slovenia, Canada or a third country, is required. If you are, when do you expect the cessation of your employment, self-employment or pension insurance contributions to be? If you are not employed, self-employed or insured anymore, please give the date of employment or insurance cessation.

7.2 In addition to other entitlement conditions regarding a survivor's pension, a condition regarding the age of the applicant on the date of the death of the deceased insured person must be fulfilled under Slovenian legislation. An applicant who was completely unable to work at the time of death of the insured can become entitled to a survivor's pension irrespective of his/her age. In this case, medical documentation must be submitted.

7.3 If other conditions are fulfilled, a divorced spouse of the deceased insured person is also entitled to a widow's-widower's pension under Slovenian legislation, provided that he/she had been granted alimony by a judicial decision or as per agreement, and had been receiving it until the death of the deceased insured person. In this case, the judicial decision or agreement must be submitted.

Section 8

8.1 Under this section, you are requested to provide the data on the pension benefits the person mentioned in section **2** is already receiving from Canada or another foreign pension scheme. This information is not necessary for the decision regarding a survivor's pension but, in cases when other information is incomplete, it can be useful to the competent insurance agency in trying to obtain the necessary documentation.

8.2 The data required under this section are requested so that double pension files are avoided. In Slovenia all pension procedures for one insured person are contained under one pension number, which is assigned to a claimant when he/she applies for a benefit for the first time.

Section 9

With your signature you confirm that the information provided in the claim is correct. Your signature also authorizes Human Resources Developrnent Canada to disclose all the information and documentation in its possession which could relate to the entitlement to the Slovenian benefit being claimed from the Institute of Pension and Disability Insurance of Slovenia.

Section 10

A witness's statement is only required if the person mentioned in section **2,** claiming a survivor's pension, makes a mark in section **9** instead of signing the claim.

Section 11

The authorization should only be completed if an authorized person is acting on behalf of the person mentioned in section **2**, who is applying for a survivor's pension.

Section 12

This section is to be completed and verified by the Canadian liaison agency.

NAVODILO ZA IZPOLNJEVANJE OBRAZCA CAN/SI 1.2

Obrazec **CAN/SI 1.2 "Zahtevek za vdovsko - družinsko pokojnino"** mora izpolniti oseba, ki živi v Kanadi in želi pridobiti pravico do družinske pokojnine iz slovenskega pokojninskega in invalidskega zavarovanja.

Prosimo, da na vsa vprašanja natančno odgovorite, ter priložite zahtevano dokumentacijo in potrdila. Obrazec izpolnite s tiskanimi črkami ali s pisalnim strojem.

Točka 1

Vsi podatki, navedeni pod to točko se nanašajo na umrlega zavarovanca po katerem se vlaga zahtevek za vdovsko – družinsko pokojnino iz slovenskega pokojninskega in invalidskega zavarovanja. Prosimo Vas, da priložite ustrezne dokumente umrlega zavarovanca (rojstni list, mrliški list, potrdilo o državljanstvu) iz katerih so razvidni osebni podatki umrlega zavarovanca. Pristojni kanadski organ bo po potrebi naredil overjene fotokopije predloženih dokumentov ter Vam jih nato vrnil.

1.1 Navedite kanadsko zavarovalno številko in pokojninsko številko v Sloveniji. V kolikor še nimate navedenih številk, oziroma jih ne poznate, bomo umrlega zavarovanca poizkušali identificirati na podlagi podatkov pod točkami **1.2** do **1.9**.

1.2 Vpišite priimek ob smrti in priimek ob rojstvu. Priimek ob rojstvu potrebujemo za identifikacijo, če je bil priimek spremenjen zaradi sklenitve zakonske zveze ali iz drugega razloga.

1.3 Vpišite ime. V primeru, da je imel umrli zavarovanec več imen, navedite vsa imena, ter podčrtajte ime, ki ga je najpogosteje uporabljal.

1.4 Navedite datum rojstva ter predložite rojstni ali krstni list umrlega zavarovanca.

1.5 Navedite natančne podatke o kraju ter državi rojstva umrlega zavarovanca.

1.6 Vpišite enotno matično številko občana - EMŠO umrlega zavarovanca. To je trinajstmestna številka, ki je sestavljena iz datuma rojstva osebe, številke oznake države, številke, ki označuje spol (000 do 499 za moške in od 500 do 999 za ženske) ter kontrolne številke po modulu 11. EMŠO je vpisana v slovenskem potnem listu, slovenski osebni izkaznici, ter v nekaterih drugih identifikacijskih dokumentih.

Navedena številka nam bo, poleg ostalih podatkov, lahko v pomoč za identifikacijo podatkov umrlega zavarovanca ter za kompletiranje podatkov potrebnih v upokojitvenem postopku.

1.7 Označite odgovarjajoč okvirček za spol.

1.8 Označite osebno stanje umrlega zavarovanca, ter navedite pravno veljavni datum nastanka tega stanja.

1.9 Navedite državljanstvo umrlega zavarovanca ter v primeru, da je bil umrli zavarovanec slovenski državljan priložite potrdilo o državljanstvu, saj se slovenskemu državljanu lahko, poleg dobe dopolnjene v Sloveniji, doba dopolnjena do 31.3.1992 v republikah na območju nekdanje SFRJ do sklenitve sporazumov o socialni varnosti z novo nastalimi republikami, šteje kot slovenska doba.

1.10 Navedite naslov umrlega zavarovanca v času smrti.

1.11 Vpišite datum smrti umrlega zavarovanca.

1.12 Vpišite vzrok smrti umrlega zavarovanca (npr.: bolezen, nesreča in podobno).

Točka 2

Vsi podatki za katere prosimo v tej točki, se nanašajo na osebo, ki želi pridobiti pravico do pokojnine po umrlem zavarovancu.

Za izpolnjevanje posameznih rubrik od točke **2.1** do **2.9** ustrezno upoštevajte navodila k točki **1** od **1.1** do **1.9**.

2.10 Navedite svoj sedanji naslov. Na ta naslov Vam bomo pošiljali pošto v zvezi z Vašim zahtevkorn za pokojnino.

2.11 Označite odgovarjajoč okvirček, ki označuje Vaše razmerje do umrlega zavarovanca

2.12 Navedite datum sklenitve zakonske zveze z umrlim zavarovancem

2.13 Pod to točko želimo podatek, če je zakonska zveza ob smrti zavarovanca še obstajala. To je pomemben podatek, saj ima v skladu s slovensko zakonodajo razvezani zakonec pravico do vdovske pokojnine le pod pogojem, da ima po sodni odločbi oziroma po sporazumu pravico do preživnine in jo je užival do smrti zavarovanca.

2.14 Pod to točko potrebujemo podatek, če se je vdova oziroma vdovec po smrti zavarovanca/ke ponovno poročil/a. Vdovec oziroma vdova izgubi pravico do vdovske pokojnine, če sklene novo zakonsko zvezo pred dopolnitvijo starosti določene z zakonom, razen če je pravico pridobil/a ali obdržal/a zaradi popolne nezmožnosti za delo.

Točka 3

To točko je potrebno izpolniti samo v primeru, če ima oseba, ki vlaga zahtevek za slovensko vdovsko – družinsko pokojnino, torej oseba navedena v točki **2** zakonitega zastopnika, skrbnika ali pooblaščenca. V primeru, da ga ima, v ustrezno rubriko

vpišite priimek, ime in naslov tega zastopnika ter označite ustrezen okvirček, ki označuje svojstvo zastopnika. V primeru, da gre za zakonitega zastopnika ali skrbnika priložite ustrezno dokazilo, v primeru, da gre za pooblaščenca, pa je potrebno izpolniti točko **11**.

Točka 4

Pod to točko je potrebno navesti podatke o otrocih, za katere se vlaga zahtevek za družinsko pokojnino po umrlem zavarovancu.

4.1 Navedite vse otroke za katere se vlaga zahtevek za družinsko pokojnino ter za vsakega otroka vpišite zahtevane podatke.

4.2 Pod to točko navedite ter vpišite dodatne podatke le za tiste otroke iz točke **4.1**, ki so že dopolnili 15 let in se redno šolajo. Za vsakega od teh otrok priložite potrdilo o šolanju. V skladu s slovensko zakonodajo ima otrok pravico do družinske pokojnine do dopolnjenega 15. leta starosti oziroma do konca rednega šolanja, vendar največ do dopolnjenega 26. leta starosti.

4.3 V skladu s slovensko zakonodajo pridobi otrok, ki postane popolnoma nezmožen za delo do 15. leta starosti, oziroma do konca rednega šolanja, pravico do družinske pokojnine dokler traja takšna nezmožnost. Glede na navedeno potrebujemo v primeru, da je otrok invaliden, podatke o datumu nastanka invalidnosti ter medicinsko dokumentacijo.

4.4 To točko je potrebno izpolniti le v primeru, če kateri od otrok že prejema družinsko pokojnino iz slovenskega zavarovanja po drugem umrlem roditelju, ali pa je tak zahtevek vložen. Otroku, ki izgubi oba roditelja - zavarovanca, pripada, če so za to izpolnjeni pogoji, poleg družinske pokojnine po enem roditelju, tudi del družinske pokojnine po drugem roditelju.

4.5 Pri tej točki prosimo za podatke o pokojninskih dajatvah, ki jih otrok že prejema iz kanadskega ali drugega tujega pokojninskega zavarovanja. Ti podatki niso nujno potrebni za odločitev o zahtevku za družinsko pokojnino, vendar pa so lahko v primerih, ko so ostali podatki nepopolni, nosilcu zavarovanja v pomoč pri kompletiranju dokumentacije.

Točka 5

To točko je potrebno izpolniti samo v primeru, če je otroku/otrokom iz točke **4.1** dodeljen skrbnik.

5.1 Vpišite zahtevane podatke skrbnika, kateremu bomo pošiljali vso pošto v zvezi z zahtevkom otroka za družinsko pokojnino.

5.2 Navedite otroke, ki jim je dodeljen skrbnik.

Točka 6

Podatki za katere prosimo v tej točki se nanašajo na umrlega zavarovanca.

6.1 Pri tej točki prosimo za podatke o dajatvah, ki jih je umrli zavarovanec že prejemal iz slovenskega, kanadskega ali drugega tujega zavarovanja, oziroma je za dajatve vložil zahtevek. Te podatke potrebujemo v izogib dvojnikom pokojninskih spisov, prav tako pa so nosilcu zavarovanja v pomoč pri kompletiranju dokumentacije.

6.2 Ta točka se izpolnjuje le v primeru, če je zavarovanec/ka umrl/a za posledicami nesreče in če je smrt povzročila druga oseba. V tem primeru potrebujemo podatke osebe, ki je nesrečo povzročila zaradi morebitnega zahtevka Zavoda za povrnitev povzročene škode.

6.3 Za pridobitev pravic do dajatev po sporazumu med Kanado in Slovenijo je ob določenih pogojih možno upoštevati tudi obdobja zavarovanja v tretji državi. Pomembno je torej, da na vprašanje pod točko **6.3** natančno odgovorite ter tako zagotovite, da boste prejeli vse dajatve, do katerih ste upravičeni.

6.4 Temeljni pogoj za pridobitev pravic iz slovenskega pokojninskega in invalidskega zavarovanja je dopolnjena določena pokojninska doba po slovenskih predpisih. Od obsega dopolnjene pokojninske dobe zavisi tudi višina pokojnine, zato je zelo pomembno, da na vprašanja pod točko **6.4**. natančno odgovorite, saj bomo le tako lahko pravilno ugotovili slovensko pokojninsko dobo umrlega zavarovanca.

6.5 Pod to točko Vas prosimo, da navedete ter priložite vsa dokazila s katerimi razpolagate za slovenske zaposlitve, ki ste jih navedli pod točko **6.4**. Ta dokazila potrebujemo v postopku ugotavljanja slovenske pokojninske dobe umrlega zavarovanca.

6.6 Ta točka se izpolni le v tistih primerih, ko umrli zavarovanec v Sloveniji po 1.1.1966 ni dopolnil najmanj enega leta zavarovanja iz katerega se vzamejo plače za izračun pokojninske osnove (to je najmanj 6 mesecev zavarovanja v enem koledarskem letu). V teh primerih se (za razliko od splošnega načela po katerem se odmeri pokojnina od pokojninske osnove, izračunane od najugodnejšega osemnajstletnega povprečja plač oziroma zavarovalnih osnov po 1.1.1970, oziroma v določenih primerih po 1.1.1966) pokojnina odmeri od pokojninske osnove v višini povprečne izhodiščne plače, ki je bila osebi glede na stopnjo dejanske strokovne izobrazbe v zadnjem letu zavarovanja pri zavodu določena po koletivni pogodbi dejavnosti ali po splošni kolektivni pogodbi za zadnje koledarsko leto pred letom v katerem uveljavi pravico do pokojnine. Potrebujemo torej podatke ter dokazilo - spričevalo o dejanski strokovni izobrazbi, ki jo je umrli zavarovanec imel v zadnjem letu zavarovanja pri slovenskem zavodu.

Točka 7

7.1 Podatki pod to točko se nanašajo na osebo iz točke **2**.
Po slovenski zakonodaji je eden izmed pogojev za pridobitev pravice do pokojnine tudi prenehanje zavarovanja, kar pomeni

da oseba, ki je bodisi v Sloveniji ali v kateri drugi državi še zaposlena ali še opravlja samostojno dejavnost oziroma je še pokojninsko zavarovana iz kakšnega drugega naslova, ne more pridobiti pravice do slovenske pokojnine. Glede na navedeno potrebujemo podatke o tem, če ste še zaposleni, samozaposleni oziroma pokojninsko zavarovani, bodisi v Sloveniji, Kanadi ali tretji državi ter če ste še, kdaj predvidevate, da Vam bo prenehala zaposlitev, samozaposlitev, oziroma zavarovanje, oziroma v primeru, da Vam je delovno razmerje oziroma zavarovanje že prenehalo, datum prenehanja zaposlitve, samozaposlitve, oziroma zavarovanja.

7.2 V skladu s slovensko zakonodajo mora biti poleg ostalih pogojev za pridobitev pravice do družinske pokojnine izpolnjen tudi pogoj starosti ob smrti zavarovanca na strani predlagatelja. Predlagatelj, ki je bil ob zavarovančevi smrti trajno nezmožen za delo, pa lahko pridobi pravico do družinske pokojnine ne glede na starost. V tem primeru je potrebno nujno predložiti medicinsko dokumentacijo.

7.3 Po slovenski zakonodaji ima pravico do vdovske pokojnine ob izpolnitvi ostalih pogojev tudi razvezani zakonec umrlega zavarovanca, če ima po sodni odločbi oziroma sporazumu pravico do preživnine ter jo je užival do smrti zavarovanca. V takem primeru je potrebno nujno priložiti sodno odločbo ali sporazum.

Točka 8

8.1 Pri tej točki prosimo za podatke o pokojninskih dajatvah, ki jih oseba navedena v točki **2** že prejema iz kanadskega ali drugega tujega pokojninskega zavarovanja. Ti podatki niso nujno potrebni za odločitev o zahtevku za družinsko pokojnino, vendar pa so lahko v primerih, ko so ostali podatki nepopolni, nosilcu zavarovanja v pomoč pri kompletiranju dokumentacije.

8.2 Podatke za katere prosimo v tej točki potrebujemo v izogib dvojnikom pokojninskih spisov. V Sloveniji se vodijo vsi pokojninski postopki za eno osebo-zavarovanca pod isto pokojninsko številko, ki je dodeljena, ko je prvič vložen zahtevek za dajatev.

Točka 9

S svojim podpisom potrjujete pravilnost podatkov, ki ste jih navedli v zahtevku. S podpisom tudi pooblaščate Human Resources Development of Canada, da posreduje Zavodu za pokojninsko in invalidsko zavarovanje Slovenije vse podatke in dokumentacijo, ki lahko vplivajo na pravico do slovenske dajatve, ki jo uveljavljate.

Točka 10

Izjava priče se zahteva le, če se oseba navedena v točki **2**, ki vlaga zahtevek za družinsko pokojnino podpiše s križcem, v točki **9**.

Točka 11

Pooblastilo je potrebno izpolniti le v primeru, če ima oseba navedena v točki **2**, ki vlaga zahtevek za družinsko pokojnino pooblaščenca.

Točka 12

Izpolni in potrdi kanadski organ za zvezo.

Canada / Slovenia Agreement

Documents and/or information required to support your application [CAN/SI 1.2] for a Slovenian survivor's pension

Complete the attached form(s):

- ***Statement of Contributory Salary and Wages – Canada Pension Plan*** **[ISP2011]** (or provide a statutory declaration confirming your date of cessation of Canada Pension Plan/Quebec Pension Plan contributions)
- ***Declaration of Attendance at School or University*** **[ISP1401]** (or provide a letter from the school for children between 15 and 26 who are attending school)

Originals or certified copies to be submitted:

- Birth certificate for you, the deceased and the dependent children
- Proof of nationality for you and the deceased
- Marriage certificate
- Death certificate
- Slovenian workbooks for the deceased
- Final school report from the last Slovenian educational institution (if the deceased has less than 1 year of insurance periods in Slovenia after January 1, 1966)
- Proof of legal representation or guardianship (if you are represented by a legal representative or guardian)
- Medical certificate (for disabled applicant or dependent)
- Documentary proof of the parent's support by the deceased at the time of death (for a claim for a parent's pension)
- Documentary proof of the brother's or sister's support by the deceased at the time of death (for a claim by a sibling)
- Documentary proof of alimony payments (i.e. judicial decision) (for a claim by an ex-spouse)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.

Service Canada

PROTECTED B (when completed)

STATEMENT OF CONTRIBUTORY SALARY AND WAGES – CANADA PENSION PLAN

INFORMATION FOR APPLICATION FOR CANADA PENSION PLAN BENEFITS

- For the current year and the previous year you are requested to provide information on the contributor's salary and wages and contributions by the use of this form.
- A separate Statement of Contributory Salary and Wages is required from each employer for whom the contributor worked during the year(s) concerned.
- If the contributor was self-employed and was required to make self-employed contributions you are required to provide information on the contributor's self-employed earnings and contributions. Contact Service Canada to determine the information required.
- File applications for benefits immediately. Submit this Statement of Contributory Salary and Wages when completed.

A - TO BE COMPLETED BY THE APPLICANT

Type of benefit applied for ◯ Retirement ◯ Disability ◯ Survivors

1. Name and address of contributor's employer

2. To assist me in applying for a Canada Pension Plan benefit please complete Section B below and return the completed form to me or to Service Canada mentioned below.

Signature of applicant | Date

Name and address of applicant

Employer's Phone Number | Applicant's Phone Number

3. Name of contributor (please print)

Social Insurance Number of Contributor | Payroll number (If known) | Indicate year(s) for which information required

B - TO BE COMPLETED BY EMPLOYER

1. Contributory Earnings - *Previous Year*

January	February	March	April	May	June
$	$	$	$	$	$
July	**August**	**September**	**October**	**November**	**December**
$	$	$	$	$	$

Total Contributory Earnings $ | Employee's Pension Contribution $

2. Contributory Earnings - *Current Year*

January	February	March	April	May	June
$	$	$	$	$	$
July	**August**	**September**	**October**	**November**	**December**
$	$	$	$	$	$

Total Contributory Earnings $ | Employee's Pension Contribution $

3. Please indicate to which Plan the above contributions were made. ☐ Canada Pension Plan ☐ Quebec Pension Plan

4. In what month and year did/will the contributor last work and receive salary and wages? | Month | Year | Employer Account Number*

5. Important: If your records indicate a Social Insurance Number which differs from that shown in Section A, please enter the number you are using.

NOTE : A false or misleading statement may result in an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or in the prosecution of an offence. Any benefits received or obtained to which there was no entitlement would have to be repaid.

6. Signature of Employer or Authorized Official and Title | Phone Number | Date

X

INSTRUCTIONS FOR EMPLOYER

***** Employer Account Number should be shown. It is the number assigned by the Federal or the Province of Quebec Taxing Authorities for the purpose of remitting Pension Plan Contributions.

Employee's Pension Contribution - Enter, in the appropriate area, the amount deducted as the EMPLOYEE'S contribution to the Canada Pension Plan or the Quebec Pension Plan. Note that the employer's matching contribution is NOT to be reported on this form.

Contributory Earnings -Enter the total contributory salary and wages earned. Do not include any form of remuneration that is not considered as contributory earnings under the terms of the Canada and Quebec Pension Plans. For instance:

a) remuneration paid to the employee before and during the month in which he reached the age of 18, or after the month in which he reached the age of 70;

b) remuneration paid to the employee while he was engaged in excepted employment;

c) an amount relative to the residence of a member of the clergy.

THIS SPACE RESERVED FOR CLIENT SERVICE ADDRESS STAMP

C.P.P. NO.

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

Disponible en Français

Canada

Declaration of Attendance at School or University

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

You can renew your benefits online (see details below). You can also choose to complete Sections A and B of this declaration and either: include a *proof of enrolment or have your school complete Section C after the start of the first day of class

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

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

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

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

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

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

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

***Proof of enrolment**

What is a proof of enrolment document?

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

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

How to obtain a proof of enrolment document?

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

Renew your benefits online through My Service Canada Account.

Go to My Service Canada Account (MSCA) to register for an account or to renew your benefit online.

To renew your benefits online:

- **you must have previously received, or currently be receiving the benefit; and**
- **your semester must have started. You can only request a benefit renewal after the start of the first day of your current semester, term or school year.**

In order to renew your benefit online, you need:

- **to set up direct deposit, with your current banking information on MSCA; and**
- **an electronic copy of your proof of enrolment or Section C of the Declaration of Attendance at School or University.**

If you are applying for the first time, please complete the paper form and mail it to Service Canada.

Declaration of Attendance at School or University

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

1. Contributor's Social Insurance Number	Contributor's given name and initials		Family name
2. Your Social Insurance Number	Preferred language ◯ English ◯ French	Your given name and initials	Family name
3. Your home address	Home address (No., Street, Apt. No., RR)		City, town or village
	Province or territory	Country	Postal code
4. Mailing address (If different from home address)	Mailing address (No., Street, Apt. No., PO Box, RR)		City, town or village
	Province or territory	Country	Postal code
5A. Student identification number	**5B.** Name of school, university, college, training centre, etc.		

6A. Type of enrolment (if "Evening" or "Other", please provide an explanation in question 8). ◯ Full Time ◯ Evening ◯ Other	**6B.** Number of courses per term	**6C.** Enrolled in (specify course, grade or program)
7A. Number of hours you are required to attend for course, grade or program. Hours per week:	**7B.** When did your current attendance begin? YYYY-MM-DD	**7C.** When will your current attendance end? YYYY-MM-DD

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

9. Have you applied for or are you receiving a Canada Pension Plan benefit as a result of the disability or death of a contributor not identified in question 1? ◯ Yes ◯ No — Social Insurance Number of that Contributor

10. Payment Information

Direct deposit in Canada: Complete the boxes below with <u>your</u> banking information.

Branch number (5 digits) _____ Institution number (3 digits) _____ Account number (maximum of 12 digits) _____

Name(s) on the account _____ Telephone number of your financial institution _____

Sharing your direct deposit information with the Canada Revenue Agency

For Employment and Social Development Canada (ESDC) and the Canada Revenue Agency (CRA) to share your personal and direct deposit information, your consent is required.

By selecting "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you select "I do not agree", your information will not be shared.

◯ I agree ◯ I do not agree

Direct deposit outside Canada:

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at **www.directdeposit.gc.ca**.

Section B - Declaration and signature - To be completed by student after the start of first day of class

Your personal information is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application. Your personal information may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement and/or with non-governmental third parties for the purpose of administering the CPP, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes however, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *CPP* and *Old Age Security Act*.

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

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: **www.priv.gc.ca/en/report-a-concern**.

Important note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

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

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

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

Signature of student	Date of application YYYY-MM-DD	Telephone number (including area code)
X _____	_____	_____

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

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

Additional comments:

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

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

FOR OFFICE USE ONLY

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

Authorized signature _____ **Date** _____