Canada/Saint Lucia Agreement

Applying for a Saint Lucian invalidity benefit

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.

National Insurance Corporation

Form Inv. B1
(Reg. 38)

CLAIM FOR INVALIDITY BENEFIT

I hereby apply for Invalidity Benefit under the National Insurance Corporation Act, 2000, and furnish a medical certificate and other supporting documents together with the following particulars:

1. My full name is _____
   (Print Name)
2. Occupation _____
3. My Nat. Ins. No. is _____
4. My date of birth is _____
5. My address is _____
6. My Tel. No. is _____
7. My last/present Employer's name and address were/are
   Name of Employer _____
   Address _____
   Tel. No. _____
   Period of Employment _____
8. The Name and Address of the last Doctor who examined me is/was:
   Name of Doctor _____
   Address of Doctor _____
   Tel. No. _____

ANSWER ALL QUESTIONS

a) From what date have you been continuously incapable of work? _____
b) What is the nature of your illness or disease? _____
c) Are you now receiving sickness or any other benefit? _____
d) If so, from what date have you been receiving such benefit? _____

I declare that the foregoing information is true in all particulars. I understand that a false statement or misrepresentation makes me liable to a penalty under the National Insurance Corporation Act, 2000

If unable to sign, mark **X** and have it witnessed by a responsible person (Lawyer, J.P., Doctor, Senior Civil Servant on permanent establishment, etc.)

_____ Date

_____ Signature or Mark of Claimant

Witness to mark _____
Profession or Occupation _____
Address _____
Date _____

Canada/Saint Lucia Agreement

Documents and/or information required to support your application [INV. B1] for a Saint Lucian invalidity pension

Complete the attached form:

- Medical Certificate of permanent incapacity for work (to be completed by a doctor)

Original or certified copies to be submitted:

- Your birth certificate or valid passport
- Marriage certificate, if you are married
- Your employment history in Saint Lucia
- Authorization for someone to be interviewed on applicant's behalf, if applicable

Information to be submitted:

- Your contact information, such as your telephone number, email address and fax number, if applicable

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

National Insurance Corporation

MEDICAL CERTIFICATE OF PERMANENT INCAPACITY FOR WORK

(To be completed by a Registered Medical Practitioner)

To: Mr./Mrs/ Miss _____
(Print Name)

I hereby certify that on _____ 20 _____

I examined you and found that you are suffering from _____

_____
(state nature if disease or bodily mental disablement)

A disablement which is likely to remain permanent.

In my opinion you are likely to remain permanently incapable of work as a result of this disablement

Yes		No		(Tick appropriate box)

Give reasons for Claimant's condition: _____

_____

_____

_____

_____

Signature _____

Name _____
(Print Name)

Address _____

Date _____

Tel. No. _____

Note

For purposes of a "benefit" under the National Insurance Regulations 2000 the term "Invalid" means a person incapable of work as a result of a specific Disease or Bodily Injury or Mental disablement which is likely to remain permanent, and the term "disablement" means loss of capacity for any of the ordinary activities of life.