Canada / Uruguay Agreement

Applying for Uruguayans 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 250
Fredericton, NB E3B 4Z6
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.

UR-CA 01

Convenio de Seguridad Social entre URUGUAY y CANADA
Agreement on Social Security between URUGUAY and CANADA

FORMULARIO DE SOLICITUD DE PRESTACIONES POR *(Marque con una X el que corresponda)*

APPLICATION FORM FOR *(Put an X in the appropriate box)*

Jubilación por Años de Servicio y Edad / Ordinary Retirement	
Jubilación por edad avanzada / Retirement due to advanced old age	
Invalidez / Disability	
Sobrevivientes / Survivors	

Fecha de Solicitud / Date of Application	*N° de Expediente / File N°*
	Uruguay:

1) Organismo de Enlace / Liaison Agency (Uruguay)

1.1	*Denominación / Name*	
1.2	*Dirección / Address*	

2) Datos relativos al solicitante / Information on the Applicant

2.1	*1er. Apellido / Family Name*	*Nombre (s)/ Given Name(s)*	*Apellido al nacer /Family Name at birth*			
2.2	*Nombre completo del Padre / Father's full Name*		*Nombre completo de la Madre al nacer /Mother's full Name at birth*			
2.3	*Lugar de Nacimiento / Place of Birth*		*Fecha de Nacimiento / Date of Birth*			*Sexo / Sex*
2.4	*Nacionalidad / Nationality*					
2.5	*Estado Civil / Marital Status*					
2.6	*Afiliación Social en Uruguay / Uruguayan Social Security N°*		*N° Seguridad Social en Canadá / Canadian Social Insurance N°*			
2.7	*Cédula de Identidad en Uruguay / Identification document in Uruguay*					
2.8	*Parentesco con el asegurado / Relationship to Insured*					
2.9	*Fecha de Matrimonio / Date of Marriage*			*Lugar / Place*		
2.10	*Dirección / Address*					
2.11	*Otros países donde el solicitante haya trabajado encontrándose amparado por la Seguridad Social / Other countries where the applicant has worked and been covered by Social Security*					
2.12	*Ultima A.F.A.P. a la que estuvo afiliado / Last A.F.A.P. to which you were affiliated*					

3) Datos relativos al asegurado (sólo en caso de pensión por sobrevivencia)/ Information on the Insured (to be completed only for applications for survivors' benefits)

3.1	1er. Apellido / Family Name	Nombre(s) / Given Name(s)	Apellido al nacer /Family Name at birth
3.2	Nombre completo del Padre / Father's full Name	Nombre completode la Madre al nacer /Mother's full Name at birth	
3.3	Lugar de Nacimiento / Place of Birth	Fecha de Nacimiento / Date of Birth	Sexo / Sex
3.4	Nacionalidad / Nationality		
3.5	Estado Civil / Marital Status		
3.6	Fecha de Fallecimiento / Date of Death		Lugar / Place
3.7	Causa de Fallecimiento / Cause of Death		
3.8	N° de Afiliación en Uruguay Uruguayan Social Security N°		N° Seguridad Social en Canadá Canadian Social Insurance N°
3.9	Cédula de Identidad en Uruguay Identification document in Uruguay		
3.10	Ultima A.F.A.P. a la que estuvo afiliado / Last A.F.A.P. to which you were affiliated		
3.11	Otros países donde el solicitante haya trabajado encontrándose amparado por la Seguridad Social / Other countries where the insured had worked and been covered by Social Security		

4) El Asegurado (marque con X el cuadro que corresponda) / The Insured (put an X in the appropiate box)

es titular de una prestación o tiene otra fuente de ingresos / is entitled to a benefit or has other sources of income		era titular de una prestación o tenía otra fuente de ingresos / was entitled to a benefit or had other sources of income	

4.1	Indicar tipo de prestación o fuente de ingresos /Detail type of benefit or income source	
4.2	Entidad deudora / Organization in charge of payment	
4.3	Dirección / Address	
4.4	N° de expediente/File N°	
4.5	Fecha de efectos / Effective date	
4.6	Cuantía mensual / Monthly amount	

5) Datos relativos a una Posible Incapacidad (Marque con X el cuadro que corresponda) / Information on Possible Disability (Put an X in the appropiate box)

5.1	¿Ha sido reconocido incapacitado para el trabajo? / Have you been found unfit for work?					
5.2	Causa de la Incapacidad / Cause of Disability					
	Accidente de trabajo / Work injury					
	Enfermedad Profesional / Occupational Illness					
	Enfermedad Común / Common Illness					
	Accidente no laboral / Accident away from work					
5.3	Período durante el cual ha percibido prestaciones económicas por incapacidad / Specify time period during which you received monetary Disability Benefits	desde / from				
		a / to				

6) Datos relativos a los Miembros de la Familia del Asegurado / Information on Family Members of the Insured

Apellido (s) / Family Name	Nombre (s) / Given Name (s)	Fecha y lugar de nacimiento / Date and Place of birth	Trabaja? / Does he/she work?	Depende economicamente? / Is he/she financially dependent?	Parentesco / Relationship	Incapacitado / Is he/she disabled?

7) Información respecto de los empleadores y períodos de trabajo en Uruguay / Information on the insured worker's employers and periods of employment in Uruguay

Empresa / Company	Dirección / Address	Giro / Line of Business	Período / Period		Entidad Gestora / Plan Manager	N° de Afiliado / File number
			Desde / From	Hasta / To		

8) Información sobre testigos residentes en Uruguay / Information on Witnesses residing in Uruguay

Nombre / Name	Cédula de Identidad Uruguaya / Identification document in Uruguay	Dirección / Adress

9) Declaración del solicitante

Declaro que la información proporcionada en esta solicitud es verdadera y completa. Me comprometo a informar al Banco de Previsión Social en Uruguay sobre cualquier cambio que pudiese afectar mi derecho a las prestaciones. A su vez, autorizo a Human Resources Development Canada a brindar al Banco de Previsión Social la información relacionada con mi derecho a las prestaciones uruguayas solicitadas.

/Applicant's statement

I hereby declare that, to the best of my knowledge, the information provided in this application is true and complete. I undertake to inform the Social Security Bank in Uruguay (Banco de Previsión Social) of any change that might affect my right to benefits. In addition, I authorize Human Resources Development Canada to provide the Social Security Bank (Banco de Previsión Social) with information which may affect my entitlement to the Uruguayan benefits for which I am applying.

Firma del solicitante / Signature of Applicant	Fecha/Date

10) Entidad Gestora / Plan Manager

10.1	Denominación / Name	
10.2	Dirección / Address	
10.3	Sello / Stamp	10.4 Fecha / Date
		10.5 Firma / Signature

11) Organismo de Enlace en Canadá/ Liaison Agency in Canada

11.1	Denominación / Name	
11.2	Dirección / Address	
11.3	Sello / Stamp	11.4 Fecha / Date
		11.5 Firma / Signature

UR-CA 03

Convenio de Seguridad Social entre URUGUAY y CANADA
Agreement on Social Security between URUGUAY and CANADA

DICTAMEN MEDICO/MEDICAL REPORT

(Anexo al formulario de prestación por incapacidad/Appendix to Disability Pension Application Form)

N° de Expediente / File N°	
Uruguay	

1) Entidad Gestora en Uruguay / Uruguayan Plan Manager

1.1	Denominación / Name	
1.2	Dirección / Address	

2) Datos relativos al asegurado / Information on the Insured

2.1	1er. Apellido / Family Name	Nombre (s) / Given Name (s)	Family Name at birth		
2.2	Nombre completo del Padre / Father's full Name		Nombre c. de la Madre al nacer/ Mother's full Name at birth		
2.3	Lugar de Nacimiento / Place of Birth		Fecha de Nacimiento / Date of Birth		Sexo / Sex
2.4	N° de Afiliación en Uruguay Uruguayan Social Security N°		N° Seguridad Social en Canadá Canadian Social Insurance N°		
2.5	Domicilio / Home Address	Ciudad/City	Código postal/Postal Code		
2.6	Documento de identidad uruguayo Identification document in Uruguay				
2.7	Teléfono/Telephone Number				

3) Informe médico/Medical Report

3.1	Dignóstico/Diagnosis:

3.2	Antecedentes relevantes de la historia clínica / Relevant/significant previous medical history

3.3	Hospitalización / Hospitalization

3.4	Altura / Height		Peso / Weight		Presión / Blood Pressure	

3.5 *Observaciones y hallazgos positivos del examen clínico más reciente/ Observations and positive findings on most recent clinical examination. Indique cualquier limitación funcional detectada / Please note any measurable functional limitations.*

3.6 *Opiniones relevantes de médicos consultados, informes de laboratorios, rayos X, etc. / Relevant consultant opinions, laboratory reports, X-rays, etc.*

Si aportó documentación al respecto, desea que le sea devuelta? / If you have included any enclosures, do you wish them returned?

Si / Yes	
No / No	

3.7 *¿Están planeados nuevos exámenes o estudios médicos? / Are any future examinations or medical investigations planned?*

En caso afirmativo, indique el tipo, dónde, cuándo y con quién se haría. / If you said "Yes", please list type, where, when and by whom.

Si / Yes	
No / No	

3.8 *Medicación actual / Current medications*
Indique el nombre genérico o comercial así como la dosis y frecuencia / Please list by generic or trade name and indicate dosage and frequency.

3.9 *Tratamiento / Treatment*
Indique tipo y respuesta / Please list type and response

3.10 *Resumen y Pronóstico / Summary and Prognosis*

3.11	Conclusiones sobre la capacidad laboral / Conclusions on work capacity
	¿Cuál es la incapacidad para el trabajo últimamente ejercido por el Asegurado? / What is the disabling condition for the work the insured has performed lately?
	¿Cuál es la incapacidad para cualquier otro trabajo? / What is the insured's disabling condition for any other work?
	La invalidez, ¿es provisoria o definitiva? / Is the disabling condition temporary or permanent?

Comienzo de la incapacidad actual / Onset of present disabling condition	Fecha/Date	

4) Médico que emite el informe / Reporting physician

4.1	Apellido (s) / Family Name	Nombre (s) / Given Name (s)

4.2	Domicilio / Home Address	Ciudad/City	Teléfono / Telephone

4.3	Fecha / Date			

4.4 _____

Firma / Signature

Service Canada

Protected when completed - B
Personal Information Bank
HRSDC PPU 175

CANADIAN RESIDENCE

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 you were 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 you have lived in Canada after the age of 18 and provide proof of all your entries and departures (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 your 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 by blood or marriage, who can confirm your Canadian residence:

Name	**Address**	**City**	**Telephone Number**
			( ) -
			( ) -

DECLARATION OF APPLICANT

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

Signature: **X** _____ Date: _____
Year Month Day

Telephone number: ( ) - _____

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

Canada

Canada / Uruguay Agreement

Documents and/or information required to support your application [UR-CA 01] for an Uruguayan Invalidity Pension

Complete the attached forms:

- **Canadian Residence [SC ISP5013]**
- **UR-CA 01 Application form**
- **UR-CA 03 Medical Report**

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

- Birth certificate
- Proof of entry(ies) into Canada
- Proof of departure (s) from Canada **(if applicable)**
- Documentation attesting to periods of employment in Uruguay

The following original document must accompany the application to Uruguay:

- Proof of employment cessation

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.