Canada / United States Agreement

Applying for United States 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; 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
PO Box 250
Fredericton NB E3B 4Z6
CANADA

If you wish to apply for a United States benefit directly through the United States Social Security Administration, please visit the link below.

NOTE: Please note that by clicking on the following link, you will be leaving the Service Canada Website and accessing the United States Social Security Administration's website.

- **Office of Earnings and International Operations webpage: https://www.ssa.gov/foreign/**

Interim Application for United States Benefits under the Agreement on Social Security between Canada and the United States

It is very important that you:

- Use a **pen** and **print** as clearly as possible.

Please complete this form to establish your entitlement to a benefit from the United States. To ensure the earliest possible effective date for the United States benefits, you should complete and return this interim application form as soon as possible to:	International Operations Service Canada PO Box 250 Fredericton, NB E3B 4Z6

Section A - Information About the Applicant

1A. Canadian Social Insurance Number		**1B.** US Social Security Number	
1C. Date of Birth (YYYY-MM-DD)		**1D.** Place of Birth	
1E. Parent's name		**1F.** Parent's name	
Your language preference	**2A.** Written Communications *(Check one)* ◯ English ◯ French	**2B.** Verbal Communications *(Check one)* ◯ English ◯ French	
3A. *(Optional)* ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss	Usual First Name and Initial	Last Name	
3B. Name at birth, if different from 3A. *(e.g. maiden name, legal name change, etc.)*	First Name and Initial	Last Name	
4. Mailing Address (No., Street, Apt., PO Box, RR)		City	
Province or Territory	Country - If other than Canada	Postal Code	
Telephone number(s)	**5A.** Area Code and Telephone Number at Home	**5B.** Area Code and Telephone Number at Work (if applicable)	

6. Check the United States benefit(s) you wish to apply for:

☐ Retirement ☐ Disability ☐ Survivor's (Please complete Section B) ☐ Death benefit ☐ Spousal Retirement

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

Section B - Information About the Contributor (To be completed only if the contributor is not the person named in Section A)

7. Canadian Social Insurance Number	**8.** US Social Security Number
9A. Date of Birth (YYYY-MM-DD)	**9B.** Place of Birth
9C. Parent's name	**9D.** Parent's name

10A. *(Optional)* ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss	Usual First Name and Initial		Last Name
10B. Name at birth, if different from 10A. *(e.g. maiden name, legal name change, etc.)*	First Name and Initial		Last Name

Section C - DECLARATION AND SIGNATURE OF THE APPLICANT

11. I declare that this information is true and complete.

The personal information you provide is collected under the authority of the *Canada Pension Plan* or the *Old Age Security Act* to establish your entitlement to a benefit from a country with which Canada has concluded a social security agreement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, section 18 of the *Old Age Security Regulations* and in accordance with the Treasury Board Secretariat *Directive on the Social Insurance Number*. Completion of this form is voluntary. If you refuse to provide the information, Employment and Social Development Canada (ESDC) might be unable to facilitate your access to a foreign benefit.

The information you provide may be shared with a foreign agency when an agreement is in force. Your personal information may also be used for policy analysis, research and/or evaluation purposes. Your personal information is administered in accordance with the *Canada Pension Plan*, the *Old Age Security 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 Banks ESDC PPU 116, 140, 146, and 390. Instructions for obtaining this information are in the government publication available online at **www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/info-source** and may be accessed at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada about how ESDC handles your personal information online at **www.priv.gc.ca/en/report-a-concern/** or by calling 1-800-282-1376.

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 the *Old Age Security Act*, 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 authorize Service Canada, which is a Party to this Agreement, to furnish to the United States social security institution all the information and evidence in its possession which is required by the United States social security institution to determine my eligibility for United States benefits.

Signature of applicant

_____

Date of application YYYY - MM - DD

Canada / United States Agreement

Documents and/or information required to support your application for United States benefits

Original or certified copies to be submitted:

- Birth Certificate for you, your spouse and child(ren) (if applicable)
- Marriage Certificate (if applicable)
- Death Certificate (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.