

Canada/Switzerland Agreement

Applying for a Swiss disability 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 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.



Convention de sécurité sociale entre la Suisse et le Canada
Social security agreement between Switzerland and Canada

**Demande de prestations de l'assurance-invalidité pour
les ressortissants canadiens résidant hors de Suisse**
**Application for disability insurance for citizens of
Canada residing outside Switzerland**

Espace pour les attestations
et remarques des autorités /
This space is for official
use only

Dénomination de l'orga-
nisme qui reçoit la demande
et date /
Name of the receiving Office
and date :

1. **No canadien d'assurance sociale ou de dossier / Canadian Social Insurance or file
Number**

2. **Etat personnel de l'assuré(e) / Identity of the insured person**

2.1 **Nom / Last name** _____
(Pour les femmes mariées et les veuves, indiquer aussi le nom de jeune fille et les noms portés lors de précédents
mariages / For married, widowed or divorced women give the maiden name and the names by previous marriages)

2.2 **Prénoms / First and middle names** _____
(Indiquer tous les prénoms et souligner le prénom usuel / Indicate all names and underline the one normally used)

2.3 **Prénoms et nom de jeune fille de la mère / First and maiden names of mother** _____

2.4 **Date de naissance / Date of birth** _____
(Jour, mois, année / Day, month, year)

2.5 **Lieu de naissance / Place of birth** _____
(Localité, arrondissement, pays / Locality, county, country)

2.6 **Etat civil / Civil status**

Célibataire / Single ☐

Marié(e) / Married ☐ depuis le / since _____

Veuf(veuve) / Widowed ☐ depuis le / since _____

Divorcé(e) / Divorced ☐ depuis le / since _____

Séparé(e) / Separated ☐ depuis le / since _____

2e mariage / 2nd marriage ☐ depuis le / since _____
(jour, mois, année / day, month, year)

Nom, prénoms et date de naissance (jour, mois, année) des anciens conjoints / Last, first,
middle names and date of birth (day, month, year) of former spouses

2.7 **Nationalité / Nationality** _____

2.8 **Domicile et adresse exacte / Domicile and mailing addresses** _____

(No postal, localité, rue, no de rue, pays; si sous tutelle indiquer les nom et adresse du tuteur / Postal number, street and
number, locality, postal code, country; if under guardianship, give name and address of guardian)

3. **Etat personnel du conjoint / Identity of the spouse**

(Prière de répondre même en cas de séparation / To be answered even in case of separation)

3.1 **Nom et prénoms / Last, first and middle names** _____

(Pour les femmes mariées, ajouter le nom de jeune fille et les noms découlant d'unions antérieures / For married women,
also give the maiden name and the last names of former spouses)

3.2 **Date de naissance / Date of birth** _____
(Jour, mois, année / Day, month, year)

A remplir par la Caisse suisse
de compensation : vérification
relative au droit de recours se-
lon ch. 5.3, 7.1 et 7.3 effec-
tuée; feuille annexe R réclamée:

Oui ☐ Non ☐

Visa de la personne qui a vérifié :

To be filled in by the Swiss
Compensation Office : verifica-
tion regarding the right of re-
course against a third party
according to items 5.3, 7.1 and
7.3 made; „feuille annexe R”
requested :

Yes ☐ No ☐

Visa of the person who made
the verification :

3.3 Nationalité / Nationality _____

3.4 Uniquement pour les conjoints vivant séparés / Only for spouses not living with the insured person : Domicile et adresse / Domicile and mailing addresses

(No postal, localité, rue, no de rue, pays / Postal number, street and number, locality, country)

4. Etat personnel des enfants / Identity of the children

4.1 Enfants âgés de moins de 18 ans / Children under age 18

Masculin/Male	Nom et prénoms / Last,	Date de naissance*	Domicile
Féminin/Female	first and middle names	Date of birth*	Domicile

(*Jour, mois, année / *Day, month, year)

4.2 Enfants âgés de 18 à 25 ans qui font un apprentissage ou des études / Children between the ages of 18 and 25 who are students or under apprenticeship contracts

Masculin/Male	Nom et prénoms / Last,	Date de naissance*	Domicile
Féminin/Female	first and middle names	Date of birth*	Domicile

(*Jour, mois, année / *Day, month, year)

Joindre le contrat d'apprentissage ou une attestation de l'établissement d'enseignement précisant la durée probable de la formation / Enclose the apprenticeship contract or a certificate from the educational establishment showing the beginning and presumed ending of studies

Les indications contenues aux
ch. 2.1 à 4.2 sont reconnues
exactes / The entries under
2.1-4.2 are hereby certified

4.3 Pour les enfants recueillis, les enfants d'un premier lit du conjoint, ceux issus d'un mariage dissous par le divorce ou ceux que l'un des conjoints a eus avec une personne qui n'était pas mariée avec lui, demander et remplir la „Feuille annexe 2”.
For foster children, for children of a first marriage of the spouse, for children whose parents are separated or divorced as well as for children whom one of the spouses had with another person who is not married with her/him, please ask for the „Feuille annexe 2” which is to be duly completed.

Sceau de l'office qui a vérifié les indications / Office stamp :

Date :

5. Indications générales / General information

5.1 Une demande de prestations de l'AI en faveur de l'assuré ou de son conjoint a-t-elle déjà été présentée? / Has an application for Swiss DI benefits been filed on behalf of the insured person or his spouse? Oui / Yes ☐ Non / No ☐

Si oui, auprès de quel office AI? / If yes, with which disability insurance office?

5.2 Des prestations de l'AVS ou de l'AI suisse sont-elles déjà payées / Is a Swiss OASI or DI benefit already being paid

A vous-même? / To yourself?	Oui / Yes ☐	Non / No ☐
A votre conjoint? / To your spouse?	Oui / Yes ☐	Non / No ☐
Pour des enfants? / For children?	Oui / Yes ☐	Non / No ☐

Si oui, par quelle caisse de compensation? / If yes, by which compensation fund?

5.3 L'assuré(e) a-t-il (elle) demandé ou reçoit-il (elle) des prestations de l'assurance-accidents obligatoire en Suisse (soins médicaux, indemnités journalières, rente)? / Does the insured person have an application pending or does he (she) receive benefits (medical assistance, daily allowance or pensions) from the compulsory accident-insurance in Switzerland?
Oui / Yes ☐ Non / No ☐

Si oui, indiquer les nom et adresse de l'assureur-accidents ainsi que les références du cas (par exemple no d'accident ou de rente) / If yes, give the name and address of the accident-insurance and the reference (for instance: accident or pension number)

- 5.4. L'assuré(e) a-t-il (elle) été affilié(e) à une caisse-maladie suisse? / Has the insured person been enrolled in a Swiss Health Fund? Oui / Yes ☐ Non / No ☐

Si oui, à laquelle (indiquer les nom et adresse)? / If yes, to which one (give the name and address)?

A usage officiel seulement /
For official use only

- 5.5. Des autorités ou institutions suisses (par exemple office d'orientation professionnelle, office du travail, service social ou caisse de retraite) se sont-elles occupées jusqu'à présent de l'assuré(e)? / Did Swiss authorities or institutions (for instance vocational guidance office, labour office, social service or pension fund) take care of the insured person until now? Oui / Yes ☐ Non / No ☐

Si oui, indiquer les nom et adresse de ces autorités ou institutions ainsi que les périodes concernées (mois et années) / If yes, give name and address of these authorities or institutions and the periods (months and years)

- 5.6. L'assuré(e) est-il (elle) couvert(e) contre l'invalidité au Canada? / Is the insured person covered against disability in Canada? Oui / Yes ☐ Non / No ☐

5.6.1. Si oui, par quelle assurance? / If yes, by which insurance? _____

- 5.6.2. L'invalidité a-t-elle été annoncée à cette assurance? / Has the disability been announced to this insurance? Oui / Yes ☐ Non / No ☐

- 5.6.3 L'assuré(e) reçoit-il (elle) une prestation de cette assurance? / Does the insured person receive a benefit from this insurance? Oui / Yes ☐ Non / No ☐

Si oui, de quelle institution? / If yes, from which institution? _____

- 5.7 Où, pendant combien de temps et avec quel type de permis (livret d'étranger, permis A, B ou C) l'assuré(e) a-t-il (elle) été domicilié(e) en Suisse après le 1er janvier 1948? / Where, during which time and with which kind of permit (A, B or C permit) did the insured person reside in Switzerland after January 1, 1948?

Lieu de domicile	Adresse	Du - Au	Genre de permis
Place of residence	Address	From - To	Type of permit

Joindre le livret d'étranger et/ou les permis / Enclose residence permits

- 5.8 Où et pendant combien de temps l'assuré(e) a-t-il (elle) exercé une activité lucrative en Suisse après le 1er janvier 1948? / Where and for how long did the insured person work in Switzerland after January 1, 1948?

Lieu de travail	Nom et adresse de l'employeur (pour les indépendants : genre d'activité) / Name and address of the employer (if self-employed : kind of activity)	Du - Au
Place of work		From - To

Joindre les certificats de travail / Enclose work certificates

Pour les périodes antérieures à 1969, joindre également les certificats de salaire / For the periods before 1969, also enclose statements of wages or salary

- 5.9 Où et pendant combien de temps l'épouse de l'assuré a-t-elle exercé une activité lucrative en Suisse après le 1er janvier 1948? / Where and for how long did your spouse work in Switzerland after January 1, 1948?

Lieu de travail	Nom et adresse de l'employeur (pour les indépendants : genre d'activité) / Name and address of the employer (if self-employed : kind of activity)	Du - Au
Place of work		From - To

Joindre les certificats de travail / Enclose work certificates

Pour les périodes antérieures à 1969, joindre également les certificats de salaire / For the periods before 1969, also enclose statements of wages or salary

5.10 Comment d'éventuelles prestations en espèces doivent-elles être payées? / How should any benefit due be paid?

- ☐ Sur un compte bancaire (indiquer les nom et adresse de la banque, le numéro et les références exactes du compte) / Into a banking-account (give the name and address of the bank, the number and the exact references of the account)

Numéro de compte de chèques postaux de la banque / Number of the postal-account of the bank

- ☐ Sur le compte de chèques postaux no / Into the postal-account No

- ☐ En espèces, à l'adresse suivante / Cash down to the following address

6. Indications concernant la formation, la profession et l'activité exercée jusqu'à présent / Information concerning the education, occupation and activity performed until now

6.1 Ecoles fréquentées (sauf celles en vue de la formation professionnelle, qui doivent être indiquées au ch. 6.2) / Schools attended (not including those for professional training which must be listed under item 6.2)

6.2 Profession apprise / Occupation learned

6.2.1 Genre de formation professionnelle (études, apprentissage, formation accélérée dans l'entreprise etc.) / Type of occupational training (studies, apprenticeship, accelerated on the job etc.)

6.2.2 Nom et adresse de l'école ou du maître d'apprentissage / Name and address of school or apprenticeship instructor

6.2.3 Durée / Duration : du/from au/to

6.2.4 Certificat (certificat de capacité, diplôme etc.) / Certificate (certificate of qualification, diploma etc.)

6.3 Personnes dites actives / Employed persons

(Les données suivantes doivent être indiquées pour les 3 années précédant immédiatement le dépôt de la demande. Les indépendants porteront sous „employeurs" la mention „indépendant". Les personnes exerçant à la fois une activité indépendante et salariée indiqueront séparément leurs revenus bruts correspondants / The following information must be given for the last 3 years prior to the date of the application. Self-employed persons must enter the remark „self-employed" under the entry „employer". Persons who are employed and self-employed at the same time must report their gross income separately for each category)

Activité principale (activité accessoire : cf. ch. 6.5) / Primary employment (for part-time employment : see item 6.5)

Genre/Type	Nom et adresse des employeurs Name and address of employers	Durée/Duration Du/From Au/To	Revenu brut/Gross income Heure Semaine Mois Hourly Weekly Monthly
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6.4 Personnes dites non actives / Unemployed persons

Activité principale (activité accessoire : cf. ch. 6.5) / Primary employment (for part-time employment : see item 6.5)

Genre/Type (étudiant, femme au foyer etc./student, housewife etc.)	Durée/Duration Du/From Au/To
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6.5 Activité accessoire / Part-time employment

Genre/Type	Nom et adresse des employeurs Name and address of employers	Durée/Duration		Revenu brut/Gross income		
		Du/From	Au/To	Heure Hourly	Semaine Weekly	Mois Monthly

6.6 Incapacité de travail due à la maladie ou à un accident / Work incapacity caused by illness or accident**6.6.1 Entière / Total :** Du / From Au / To

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6.6.2 Partielle / Partial : Du / From Au / To Heures par jour Hours per day Heures par semaine Hours per week

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6.7 Périodes de chômage / Time of unemployment**6.7.1 Total :** Du / From Au / To

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6.7.2 Partiel / Partial : Du / From Au / To Heures par jour Hours per day Heures par semaine Hours per week

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7. Indications concernant l'atteinte à la santé / Information on the impairment**7.1 L'atteinte à la santé est-elle due à un(e) / Was the impairment caused by**
maladie? / illness? ☐ accident? ☐ infirmité congénitale? / congenital disability? ☐**7.2 Depuis quand l'atteinte existe-t-elle? / How long has the impairment existed?****7.3 L'atteinte a-t-elle été causée par un tiers? / Was the impairment caused by a third person?**
Oui / Yes ☐ Non / No ☐**7.4 Qui a traité médicalement l'assuré? (Souligner le nom du médecin de famille) / By whom was the insured person medically treated? (Underline the name of the family doctor)****7.4.1 En dernier lieu / Lastly**

Nom et adresse du médecin ou de l'hôpital / Name and address of the doctor or hospital institution	Du/From Au/To	Genre d'affection Kind of impairment

7.4.2 Antérieurement / Previously

Nom et adresse du médecin ou de l'hôpital / Name and address of the doctor or hospital institution	Du/From Au/To	Genre d'affection Kind of impairment

7.5 Remarques complémentaires / Additional remarks

8. Liste des annexes / List of enclosures

- a) Tous les certificats AVS de l'assuré(e), du conjoint et des enfants pour autant qu'ils en soient titulaires / All Swiss insurance certificates of the insured person, the spouse and possibly the children; nombre / number : _____
- b) Les éventuels carnets de timbre AVS de l'assuré et du conjoint / Swiss insurance stamps-books, if any, of the insured person and the spouse; nombre / number : _____;
- c) Les pièces justificatives mentionnées au chiffre 4.2 / Documental proofs mentioned under item 4.2; nombre / number : _____
- d) Les pièces justificatives mentionnées aux chiffres 5.7, 5.8 et 5.9 / Documental proofs mentioned under items 5.7, 5.8 et 5.9; nombre / number : _____
- e) Autres pièces / Other enclosures : _____ nombre / number : _____;

Important : Le livret d'étranger, resp. le permis d'établissement ou de séjour constituent des éléments capitaux pour la détermination des périodes de cotisations accomplies dans l'assurance suisse; il en va de même des certificats de travail et des décomptes de salaires afférents aux périodes antérieures à 1969. Si ces documents ne sont pas fournis, la durée de cotisations sera déterminée au moyen d'une procédure simplifiée.

En signant cette formule, l'assuré(e) ou son représentant autorise toute personne ou institution entrant en considération, en particulier les médecins, le personnel paramédical, les hôpitaux, les caisses-maladie, les assurances et organismes d'assistance publics et privés, à fournir à l'AVS/AI les renseignements nécessaires à l'examen de la demande et de l'octroi des prestations ainsi que ceux visant à l'exercice du droit de recours contre le tiers responsable à l'égard duquel l'assuré peut faire valoir des prétentions en dommages et intérêts ensuite du préjudice.

Important : The residence permit (seasonal, frontier worker, domicile or annual permit) represents a capital element in determining the duration of the Swiss insurance period. It is the same for salary or wage statements regarding the insurance period before 1969. If such certificates do not accompany the application, the duration will be calculated by a simplified procedure.

With the signing of this form, the insured person or his (her) representative authorizes all person and institution concerned, particularly doctors, medical auxiliary personnel, hospitals, health insurance fund, public and private insurance companies, public and private welfare offices, to give the competent institution of the old-age, survivors and disability insurance the information necessary for the examination of the claim and the examination of the entitlement of the insured person to recourse against third parties from whom compensation may be due as a result of this claim.

Le (la) soussigné(e) déclare avoir répondu aux questions de façon complète et conforme à la vérité / The undersigned certifies that all foregoing questions have been answered truly and completely.

Lieu et date /
Place and date :

Signature de l'assuré(e) ou de son représentant / Signature of the insured person or his (her) representative
Nom et prénoms / Last and first names :

Adresse du représentant légal si l'assuré(e) ne signe pas lui (elle)-même / Address of the representative if the insured person does not sign himself (herself) .

(No postal, localité, rue, no de rue, pays / Postal number, street and number, locality, country)

Communications de l'institution canadienne de sécurité sociale / Communications of the social security Office of Canada

L'assuré(e) a résidé sur le territoire du Canada, au sens de la loi canadienne sur la sécurité de la vieillesse, pendant les périodes suivantes / The insured person was domiciled on the territory of Canada, in accordance with the provisions of the Canadian law on Pension plan during the following periods of time :

L'institution canadienne désignée ci-dessous transmet les documents suivants à la Caisse suisse de compensation / The undersigned Liaison Office of Canada is forwarding the following enclosures to the Swiss Compensation Office:

Remarques complémentaires et/ou rectifications / Additional and/or correcting remarks :

Lieu et date /
Place and date :

Sceau /
Office stamp :

Canada / Switzerland Agreement

Documents and/or information required to support your application [CH/CAN 3.1] for a Swiss disability benefit

Originals or certified copies to be provided:

- Birth certificate (insured, spouse, dependent children)
- Proof of Citizenship (insured, spouse)
- Marriage certificate, if married
- Proof of entry(ies) into and departure(s) from Canada if application is received before 1 January 2001
- Residence permit specifying the type of residence in Switzerland
- All Swiss insurance certificates (insured, spouse, dependant, children)
- All Swiss insurance stamp books, work certificates and, for periods prior to 1969, statements of wages or salary (insured, spouse)
- “Declaration of attendance at school or university” , certificate from the educational establishment or apprenticeship contract for children between the ages of 18-25 who are studying

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.



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 Initial		Family Name	
2. Your Social Insurance Number	Preferred Language ☐ English ☐ French	Your Given Name and Initial		Family Name
3. Your Home Address	Home Address (No., Street, Apt. No., R.R.)		City, Town or Village	
	Province or Territory	Country	Postal Code	
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt. No., P.O. Box, R.R.)		City, Town or Village	
	Province or Territory	Country	Postal Code	
5A. Student ID Number	5B. Name of School, University, College, Training Centre, etc.			
6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 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. Direct deposit (for Canada only) *For direct deposit to a financial institution outside Canada, please contact us.*
If your application is approved, your monthly payments will be deposited into your account at your financial institution. Complete the boxes below (you may need to contact your financial institution to get this 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

SECTION B - DECLARATION AND SIGNATURE

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

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for 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.

The information you provide may be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

The information you provide 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 *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank ESDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: www.infosource.gc.ca. Info Source may also be accessed online at any Service Canada Centre.

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.

Signature of Student

Date of Application
YYYY MM DD

Telephone Number
(including area code)

X

SECTION C - TO BE COMPLETED BY SCHOOL OR UNIVERSITY AFTER THE START OF 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