Canada/Dominica Agreement

Applying for a Dominican age 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.

DOMINICA SOCIAL SECURITY

Warning:
Any person who knowlingly makes any false statement or false representation for the purpose of obtaining benefit commits a criminal offence punishable by fine or imprisonment or both.

FOR OFFICIAL USE
Claim No.
Date Red'd
Clerks initials

APPLICATION
AGE BENEFIT

SECTION A – INFORMATION ON THE INSURED PERSON

1A. Insured Person's Social Security No. OLD _____ NEW _____

1B. Sex Male ☐ Female ☐

1C. Date of Birth _____
Day Month Year Age Established at Claim

2. Marital Status: Single ☐ Widow (er) ☐ Married ☐
Divorced ☐ Separated ☐ Common-Law ☐

3. Given Names: Mr., Mrs., Miss Surname

4. Home Address Mailing Address

5. Name of last Employer

6. Address of last Employer

6B. Date last worked

7. Other employers for whom you worked

	Name	Address	Period of Employment From	To
7A.				
7B.				

(P.S. If there were more employers please state the relevant particulars on an attached sheet)

8. Have you been a voluntary or self-employed contributor? Vol. ☐ S.E. ☐ NONE ☐
(Tick as appropriate)
If 'Yes', state what year(s)

9. Have you previously received invalidity grant under the Social Security Scheme? Yes ☐ No ☐
If 'Yes', when?

10. Are you presently receiving any Social Security benefit? Yes ☐ No ☐
If so, please circle benefit type. (eg. Sickness, Maternity, Employment Injury, Disablement, Invalidity or Survivors

11. Have you ever participated in a social insurance plan of another country? Yes ☐ No ☐
If 'Yes', indicate country and insurance number

SECTION B - INFORMATION ON YOUR SPOUSE, CHILDREN WHO ARE UNDER THE AGE OF 16 AND DEPENDENT PARENT OR GRANDPARENT AT DATE OF CLAIM

Name of Spouse

12. Given Names: Mr., Mrs., Miss Surname

13. Home address (Number and Street) Social Security Number of Spouse

_____

_____

Name(s) of children under age 16 **Address**

_____

14A.

_____

14B.

_____

14C.

_____

14D. Name(s) of dependant Parent(s) or Grandparent(s) *(tick appropriately)* age 60 or over Address

_____

SECTION C – DECLARATION OF APPLICANT

15A. I hereby apply for an age benefit. Attached is a copy of my birth certificate and Social Security card.

I declare that to the best of my knowledge and belief, the information given on this application form is true and complete and I undertake to notify the Dominica Social Security of any changes in circumstances that may affect my eligibility for benefits.

Signature or Mark (X) of applicant: _____ Tel.# _____

Date of Application

Day	Month	Year

NOTE: Signature or Mark (X) must be witnessed by a responsible person. The witness must complete the certificate declaration (15B) on the form.

IMPORTANT: Please read this section before submitting claim. If your claim is submitted more than 3 months from the date you attained your 60th birthday, please attach a separate sheet explaining your reasons for lateness.

15B. WITNESS' CERTIFICATE, DECLARATION AND SIGNATURE

I hereby certify that:

*(a) the claimant signed the above declaration in my presence; or

*(b) the claimant made the necessary mark (X) to the above declaration in my presence; having expressed himself or herself as having fully understood the contents of this claim and declaration.

Name of Witness _____

Signature of Witness _____

Address of Witness _____

Qualification or occupation _____

Tel. # _____ Date _____

*Delete whichever does not apply

Canada/Dominica Agreement

Documents and/or information required to support your application for a Dominican age benefit

Complete the attached form:

- ***Canadian Residence*** **[SC ISP5013]**

Originals or certified copies to be submitted:

- Your birth certificate
- Your Dominican social security card
- Proof of the dates of your entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)
- Marriage 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.

CANADIAN RESIDENCE

Canadian Social Insurance Number: _____

◯ Mr. ◯ Mrs.

◯ Ms. ◯ Miss

_____ Given Name and Initial

_____ Family 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 (YYYY-MM-DD): _____

   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 (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	**To** YYYY-MM-DD	**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 YYYY-MM-DD	**Return** YYYY-MM-DD	**Destination**	**Reason**

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

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.

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.

Signature

X _____

Date (YYYY-MM-DD)

_____

Telephone number

_____