Canada/Dominica Agreement

Applying for a Dominican survivor's 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 makes any false statement or representation for the purpose of obtaining benefit commits a criminal offence punishable by fine or imprisonment or both.

FOR OFFICIAL USE		
Claim No.		
Date Rec'd Day	Month	Year
Clerks initials		

APPLICATION
SURVIVOR'S BENEFIT

SECTION A – INFORMATION ON THE DECEASED INSURED PERSON

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

1B. Sex Male ☐ Female ☐

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

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

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

4. Home Address Last Address prior to death

5. Name(s) of last Employer(s) Address Period of Employment

5A.

5B. (PS: If there were more employers please state the relevant particulars on an attached sheet)

6. Was deceased a voluntary or self-employed contributor? Vol. ☐ S.E. ☐ NONE ☐
(Tick as appropriate)
If 'Yes', state what year(s) Yes ☐ No ☐

7. Date of death of deceased insured person

Day	Month	Year

_____ _____
C.C. Initials Date
D.S.S.

8. Provide proof of death (death certificate)

SECTION B - INFORMATION ON THE SURVIVING WIDOW/WIDOWER, SPOUSE OF THE DECEASED INSURED PERSON

9. Name of Survivor _____

10. What was the date of your marriage to him/her?

Day	Month	Year

_____ _____
C.C. Initials Date
D.S.S

11. As spouse, how long have you been married/co-habiting with deceased insured person?

12. Provide proof of your marriage or co-habitation? (marriage certificate or declaration made under oath before a Justice of Peace or Notary Public

13. What is your age? _____ Years. Date of Birth

Day	Month	Year

_____ _____
C.C. Initials Date
(Provide Birth Certificate)

14. Are you an invalid? Yes ☐ No ☐
If 'Yes' provide medical certificate

14B. Do you have children of the deceased residing with you & in your care? Yes ☐ No ☐
(If adopted, provide adoption certificate)

14C. Are you mainly or wholly responsible for child/children maintenance? Yes ☐ No ☐

15. Are you in receipt of any pension or other income? Yes ☐ No ☐
State your monthly income/pension $ _____

SECTION C – INFORMATION ON THE SURVIVING CHILDREN OF THE DECEASED INSURED WHO ARE UNDER 18 YEARS FOR WHOM BENEFIT IS BEING CLAIMED

16A. Name & Surname	Date of Birth			For Official Use	
Home Address	D	M	Y	Claim No	
				Date Rec'd	
Name of School	Male		Female	D M Y	
Address of School				Clerk's Initial _____	
16B. Name & Surname	Date of Birth			For Official Use	
Home Address	D	M	Y	Claim No	
				Date Rec'd	
Name of School	Male		Female	D M Y	
Address of School				Clerk's Initial _____	
16C. Name & Surname	Date of Birth			For Official Use	
Home Address	D	M	Y	Claim No	
				Date Rec'd	
Name of School	Male		Female	D M Y	
Address of School				Clerk's Initial _____	
16D. Name & Surname	Date of Birth			For Official Use	
Home Address	D	M	Y	Claim No	
				Date Rec'd	
Name of School	Male		Female	D M Y	
Address of School				Clerk's Initial _____	
16E. Name & Surname	Date of Birth			For Official Use	
Home Address	D	M	Y	Claim No	
				Date Rec'd	
Name of School	Male		Female	D M Y	
Address of School				Clerk's Initial _____	
16F. Name & Surname	Date of Birth			For Official Use	
Home Address	D	M	Y	Claim No	
				Date Rec'd	
Name of School	Male		Female	D M Y	
Address of School				Clerk's Initial _____	

17A. Are any of the children invalid? *Provide medical certificate* Yes ☐ No ☐

17B. Claimant's relationship to child/children. _____
(If not parent declaration under oath from Notary Public or Justice of Peace)

SECTION D – INFORMATION ABOUT DEPENDANT PARENT(S)/GRAND PARENT(S) OF THE DECEASED INSURED PERSON, 60 YEARS AND OVER

18. What was your main source of income during the relationship?

19. Are you the dependant parent(s)/grand parent(s)? Yes ☐ No ☐

20. If yes to 19, provide birth certificate and a declaration signed under oath before a Justice of Peace or Notary Public declaring that you were solely dependent on the deceased prior to his/her death.

21. Are you his/her sole eligible survivor? Yes ☐ No ☐

22. Are you sixty (60) years and over? Yes ☐ No ☐

23. Name Surname	R/ship to deceased	Date of Birth	Address	For Official Use
				Claim No. _____
				Date Rec'd
				D M Y
				Clerk's Initial _____

SECTION E – DECLARATION OF APPLICANT

24A. I hereby apply for a survivor's benefit. Attached are copies of birth certificate(s), death certificate, Social Security card of deceased; (Social Security card(s) of claimant(s) if applicable. (All photocopies must be certified/notarized.)

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.

Name of Applicant: _____

Signature or Mark (X) of applicant: _____ Social Security No. of Applicant: _____

Home address of applicant _____ Mailing address _____

_____ _____

Date of Application

Day	Month	Year

Tel.# _____

NOTE: Signature or mark (X) must be witnessed by a responsible person. The witness must complete the certificate declaration (24B) on the form.

24B. 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 _____

Date _____ Tel.# _____

IMPORTANT: Please read before submitting claim – If your claim is submitted more than 3 months from the date of death of the deceased insured person, please attach a separate sheet explaining your reasons for lateness.

Canada/Dominica Agreement

Documents and/or information required to support your application for a Dominican survivor's benefit

Complete the attached form:

- ***Canadian Residence – Information regarding the deceased*** **[SC ISP5015]**

Originals or certified copies to be submitted:

- Birth certificate for you, the deceased and any children declared on your application
- Death certificate
- Dominican social security card for you and the deceased
- Marriage certificate or proof of common-law relationship for at least 3 years, if applicable
- Medical certificate(s) for you and/or children who are invalid, if applicable
- Proof of the dates of entry(ies) to Canada and departure(s) from Canada of the deceased (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)

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.

Service Canada

PROTECTED B (when completed)

Personal Information Bank ESDC PPU 175

CANADIAN RESIDENCE - INFORMATION REGARDING A DECEASED PERSON

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 the deceased was 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 the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (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 his/her 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 or the deceased by blood or marriage, who can confirm his/her 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

_____