



Information and Instructions Terminal Illness Application for Disability Benefits Under the Canada Pension Plan

Before you begin - Is this form for you?

The condensed Canada Pension Plan (CPP) disability benefits application and Terminal Illness Medical Attestation has been designed for individuals who have a **terminal** illness.

For the purposes of CPP, a terminal medical condition is a disease state that cannot be cured or adequately treated and is reasonably expected to result in death within 6 months.

Applications from patients with a terminal illness receive priority handling. Our goal is to make a decision within 5 business days of receiving your complete Terminal Illness Application.

If this does not apply to you, do not use this form. You will need to complete the form **Application for Canada Pension Plan Disability Benefits (ISP1151)** and related documents at www.canada.ca/esdc-forms.

What are the Canada Pension Plan (CPP) disability benefits?

The **CPP disability benefit** and the **CPP post retirement disability benefit** are taxable monthly payments available to people who have made contributions to the CPP, are under age 65 and are not able to work regularly at any job because of a disability.

The **CPP disability benefit** is intended for individuals who **are not** receiving a CPP retirement pension, and the **CPP post-retirement disability benefit** is intended for individuals who become disabled after they begin to receive a CPP retirement pension (Effective January 1, 2019).

Important: You cannot receive a CPP retirement pension and a CPP disability benefit (except the CPP post-retirement disability benefit) at the same time.

If you are approved for a CPP disability benefit, you are giving Service Canada your consent to cancel your CPP retirement pension in order to receive the CPP disability benefit by signing this application.

A benefit may also be available to their children.

How do I qualify for the CPP disability benefits?

To qualify for the CPP disability benefits, 3 conditions must be met:

1. **You must be under the age of 65.**
2. **You must have made the minimum amount of valid CPP contributions.**

Contributions to the CPP are made while you are working.

Service Canada will review your contribution history to determine if you have made the minimum amount of valid CPP contributions to qualify for the **CPP disability benefits**.

The disability benefit amount you could qualify for is based on how long and how much you contributed to the CPP plus a flat rate. The post-retirement disability benefit is the flat rate component of the CPP disability benefit.

The information you provide in **Sections A and B** along with the information on your account will help us determine if you have made the minimum amount of valid contributions to the CPP.

3. **You must have a mental or physical medical condition(s) that prevents you from regularly working at any job. The medical condition(s) must be found to be both severe and prolonged** when you last met the minimum amount of valid CPP contributions to qualify, and you must have been unable to work continuously since then.

For the CPP:

- **Severe** means that you have a mental and/or physical disability that regularly stops you from doing any type of substantially gainful work.
- **Substantially gainful work or occupation** is considered to be any profession or work one might pursue to earn a living. If the total amount of earnings from this work is more than 12 times the maximum monthly CPP disability benefit amount, a person is normally considered to be doing substantially gainful work.
- **Prolonged** means that the disability is long-term and of indefinite duration or is likely to result in death.

Service Canada will review the information you provide in **Sections C, D and E** along with the medical information we receive from your doctor, nurse practitioner, insurance company or provincial/territorial agency. This will help us determine how your medical condition(s) impact(s) your capacity to perform work-related activities.

Symbols used in this application



Read this carefully



Attach an extra sheet if needed



Where to get help

If you have contributed to the Quebec Pension Plan



The CPP operates throughout Canada, except in Quebec, where the Quebec Pension Plan (QPP) provides similar benefits.

If one of the following applies to you, please contact Retraite Québec.

- You worked in Quebec only.
- You worked in Quebec and at least one other province/territory and currently live in Quebec.
- You worked in Quebec and at least one other province/territory, you currently live outside of Canada, and your last province of residence in Canada was Quebec.

- ? Information can be found at www.retraitequebec.gouv.qc.ca.

If you have contributed to both the CPP and QPP, you must apply for the QPP if you live in Quebec or for the CPP if you live in another province or territory in Canada.

If you need more information to complete the application


- ? The information and instructions you will need to apply for CPP disability benefits can be found in this application. You can also find more information about the benefits online at www.canada.ca/cpp-disability. If you cannot find the information you are looking for or have any questions, contact Service Canada at our toll-free numbers.

In Canada or the United States: 1-800-277-9914 TTY: 1-800-255-4786

From all other countries: 613-957-1954 (we accept collect calls)


Please have your Social Insurance Number ready when you call.

If you need help

 You can give permission to another person to give or receive information from Service Canada on your behalf. To give permission, you must:

complete **Section I** on page 11.

This consent does not provide authority for the person to apply for benefits on your behalf, change your payment address, or request/change a tax withhold.

 If you wish to have someone act on your behalf or you are no longer capable of managing your own affairs, you can appoint an **authorized representative**.

See page 13 of this application for more information on **authorized representatives**.

What we need from you

1. A Terminal Illness Application for Disability Benefits Under the Canada Pension Plan (ISP2530A)

The Terminal Illness Application is available in two formats. You can choose to complete a paper application or a fillable form that can be found online at **www.canada.ca/esdc-forms**.

Note: You can save the fillable form to your computer, but you cannot submit it electronically.

Be sure to:

write/type your Social Insurance Number at the top of each page.

provide as much detail as you can.

sign in pen and mail the form to the Service Canada Office nearest you. See a list of addresses on the next page. You can also drop-off the completed application at a Service Canada Centre near you.

If you need more space:

write/type the information on a blank sheet of paper and attach it to the application.

write/type your Social Insurance Number at the top of each sheet.

write/type the question number, then write the information you want to add.

2. A Terminal Illness Medical Attestation for Disability Benefits Under the Canada Pension Plan (ISP2530B)


Be sure to:

complete **Section 1 and Section 2**.

write/type your Social Insurance Number at the top of each page.

sign all areas that require your signature.

ask your doctor or nurse practitioner to complete **Section 3** and ask them to mail it to the nearest Service Canada office.

 **DO NOT WAIT** for your doctor or nurse practitioner to complete the **Terminal Illness Medical Attestation** before sending your Terminal Illness Application to Service Canada. The date Service Canada receives your application could affect when your benefit starts.

Service Canada will help you pay for the cost of the **Terminal Illness Medical Attestation** by paying up to \$85.00 directly to your doctor or nurse practitioner. Any money owing over this amount is your responsibility.



Service
Canada

Service Canada Offices Disability

Mail your forms to the nearest Service Canada office listed below.

From outside of Canada, send your forms to the Service Canada office in the province/territory where you last lived.

Newfoundland and Labrador

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

Nova Scotia and Prince Edward Island

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

New Brunswick and Quebec

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

Ontario

Service Canada
PO Box 2020 Station Main
Chatham ON N7M 6B2
CANADA

Manitoba and Saskatchewan

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

Alberta / Northwest Territories and Nunavut

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

British Columbia and Yukon

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

If you have any questions, call us.

In Canada or the United States: 1-800-277-9914

For all other countries: 613-957-1954 (we accept collect calls)

TTY: 1-800-255-4786

Important: Please have your Social Insurance Number ready when you call.



Terminal Illness Application for Disability Benefits Under the Canada Pension Plan

Section A - Information about you

A1 Social Insurance Number		Preferred language <input type="radio"/> English <input type="radio"/> French		FOR OFFICE USE ONLY Date stamp
Optional: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.				
First name		Middle name	Last name(s)	
Date of birth (YYYY-MM-DD)		Last name at birth (if different from above)		
Home address (no, street, apt, RR), City/Town, Province/Territory, Country (if not Canada), Postal code				
Mailing address (if different from home address) (no, street, apt., PO box, RR), City/Town, Province/Territory, Country (if not Canada), Postal code				
If you now live outside of Canada, in which Canadian province/territory did you last live?			Telephone number	Alternate telephone number
The best time for Service Canada to contact you: <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Please don't call, send letters only				

A2 Have you or your children ever applied for or received benefits under the Quebec Pension Plan? <input type="radio"/> Yes <input type="radio"/> No
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Section B - Contributions to the Canada Pension Plan (CPP)

To help you meet the minimum amount of valid CPP contributions, Service Canada may consider certain provisions and/or agreements.

The information you provide in **B1 to B3** will help us determine if any of the provisions or agreements apply to you.

B1 Dividing CPP contributions - Credit split provision


If you have been separated, divorced or in a common-law relationship that ended, the CPP contributions you and your former spouse or common-law partner made to the CPP during the time you lived together could be combined and equally divided.

We will review the information you provide below and let you know if a credit split could help you qualify for a CPP disability benefit.

What is your current status:	<input type="radio"/> Single	<input type="radio"/> Common-law	<input type="radio"/> Divorced
	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Surviving spouse/common-law partner

If you are currently, or have ever been separated, divorced or in a common-law relationship that ended, please provide us with the dates you started and stopped living with your former spouse or former common-law partner.

Date you started to live with your former spouse or common-law partner (YYYY-MM)	Date of separation or end of common-law relationship (YYYY-MM)
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 For additional periods, please attach an extra sheet.

B2 Living or working in another country - International social security agreements


If you have **lived** and/or **worked** in a country other than Canada, the credits you have accumulated in that country may help you qualify for a CPP disability benefit.

If Canada has an international social security agreement with the country(ies) you have indicated below, we will verify if it will help you qualify for a CPP disability benefit.

Have you ever lived or worked in another country?	<input type="radio"/> Yes	<input type="radio"/> No
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If **Yes**, please fill out this table to help us determine if an international social security agreement could help you qualify for a CPP disability benefit.

Name of country	Your social identification number in that country	Dates lived in that country		Dates worked in that country		Have you asked for or received benefits from that country?	
		From (YYYY-MM)	To (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)	Yes	No
1.						<input type="radio"/>	<input type="radio"/>
2.						<input type="radio"/>	<input type="radio"/>

 For additional countries, please attach an extra sheet.

? Note: Your CPP contributions may also help you qualify for benefits or pensions from the country(ies). For more information on international benefits go to **www.canada.ca/pension-international**.

B3 If you worked less to care for your young children - Child rearing provision

If you worked less or stopped working because you were the primary caregiver for one or more children under the age of 7, you may have contributed little or nothing to the CPP. For this reason, we may be able to apply the child rearing provision. This could help you meet the minimum amount of valid CPP contributions needed to qualify for disability benefits, and/or could increase the benefit amount you receive.

For the CPP, the **primary caregiver** is the person who is/was most responsible for the daily needs of the child(ren) until the age of 7. Some things a primary caregiver does are: watch over the child(ren), prepare meals, go to school meetings and events, or take the child(ren) to doctors appointments.


To qualify for the child rearing provision, you must have been the primary caregiver and:

1. received the Family Allowance (available before 1993); and/or
2. been eligible for the Canada Child Benefit, even if you did not receive it (available since 1993).

Note: Only one person can be the primary caregiver at any time. Therefore, this provision can only be applied to one account for the same time period and child(ren).

Please provide your child(ren)'s information below, **regardless of their current age**.

Child's full name	Social Insurance Number	Child's date of birth (YYYY-MM-DD)	If the child was born outside Canada, tell us the date the child entered in Canada (YYYY-MM-DD)
1.			
2.			
3.			
4.			

 For additional children, please attach an extra sheet.

Note: If you do not provide the Social Insurance Number of the child(ren) and/or if the child(ren) was born outside of Canada, Service Canada will require a certified photocopy of an acceptable document confirming the child(ren)'s date of birth (e.g. birth certificate) and/or proof of the child(ren)'s date of entry into Canada (e.g. IMM 1000 or passport).

A) Were you the primary caregiver for these children when they were under the age of 7? ☐ Yes ☐ No

B) If there were periods of time when you were not the primary caregiver for the child(ren) listed, please provide dates and the reasons:

From (YYYY-MM)	To (YYYY-MM)	Reason:
From (YYYY-MM)	To (YYYY-MM)	Reason:

? To help you determine how to complete the following questions, please see **Annex A** at the end of the application.

C) Did you or your current/former spouse or common-law partner receive the Family Allowance? ☐ Yes ☐ No

If **yes**, please indicate who received the benefit:

☐ You

☐ Your current/former spouse or common-law partner

Did you or your current/former spouse or common-law partner receive, or were either of you eligible for the Canadian Child Benefit?

☐ Yes ☐ No

If **Yes**, please indicate who received or was eligible for the benefit:

☐ You

☐ Your current/former spouse or common-law partner

D) If there were periods when you did not receive the Family Allowance or the Canada Child Benefit for the child(ren) listed above, please provide the dates and reasons:

From (YYYY-MM)	To (YYYY-MM)	Reason:
From (YYYY-MM)	To (YYYY-MM)	Reason:

E) Please read this section if you were the primary caregiver but did not receive the Family Allowance (available before 1993).


The child rearing provision cannot be applied to both you and your current/former spouse or common-law partner's CPP benefit(s) for a child for the same time period.

If you were the primary caregiver, but did not receive the Family Allowance, we would not be able to apply this provision to your CPP benefit(s). However, your current/former spouse or common-law partner can choose to transfer their rights to the provision to you. They can do this by signing the waiver of rights below.

Waiver of rights to the child rearing provision

I declare that, for the child(ren) listed for this question and on any additional sheets, I have not and will not make any claims for the child rearing provision for the period(s) accredited to my current/former spouse or common-law partner. Once I give up my rights to the child rearing provision, the action cannot be reversed.


Name	Social Insurance Number	Telephone number (day)
Signature		Date (YYYY-MM-DD)

 This is the end of the section of the application we are using to assess your contributions to the CPP.

Service Canada will review the information you provide in the next section along with the medical information provided by your doctor, nurse practitioner, insurance company or provincial/territorial agency. This will help us determine how your medical condition(s) impact(s) your capacity to perform work-related activities.

Section C - Information about your medical condition(s)

The information you provide in this section will help Service Canada understand how your medical condition(s) impact(s) your ability to perform work-related activities.

C1 When did you feel you could no longer work because of your medical condition(s)?  This date is not always the same as the last day you went to work. It could be before or after you actually stopped working.	Date (YYYY-MM)
C2 State your main medical condition(s) that prevent(s) you from working. If you do not know the medical names, describe in your own words.	
C3 List any additional medical condition(s) that prevent(s) you from working.	

C4 If you are receiving any disability benefits from an insurance company or a provincial/territorial agency, including a workers' compensation program, please provide details in the table below.

Name of insurance company, provincial/territorial agency	Claim number	Medical condition	Start of benefit (YYYY)
1.			
2.			

Repayment of benefits to a private insurance company and/or a provincial or municipal agency

Service Canada may find that you qualified for a CPP disability benefit when you were receiving benefit payments from a private insurance company and/or a provincial or municipal agency. If we owe you a retroactive payment (up to 11 months) you may have to pay back the benefits you received from those organizations during that time.

Service Canada can reimburse a private insurance company and/or a provincial or municipal agency on your behalf. In order to do this, we need your written consent. **The insurance company and/or a provincial or municipal agency will ask you to sign a consent form to allow us to pay them directly.** If you choose not to do this, it is your responsibility to inform them.

Section D - Information about your doctor or nurse practitioner

Service Canada may need more information to better understand your medical condition(s). The information you provide in this section will identify the health care provider who will be reporting on your medical condition(s).

D1 Provide the following information about the doctor or nurse practitioner who will be reporting on your medical condition(s).			
Doctor's or nurse practitioner's full name		<input type="radio"/> Family doctor <input type="radio"/> Nurse practitioner <input type="radio"/> Specialist (please specify) _____	
Mailing address (no, street, apt., PO box, RR)		City/Town	
Province/Territory	Country (if not Canada)	Postal code	Telephone number
When did you first see this doctor or nurse practitioner about your medical condition? (YYYY-MM)		When did you last see this doctor or nurse practitioner about your medical condition? (YYYY-MM)	

Section E - Information about your work

The information you provide in this section will help Service Canada understand how your medical condition(s) and treatments affect your ability to work regularly at any job. Be sure to include work done in Canada and in other countries.

E1 Have you stopped working completely? <input type="radio"/> Yes <input type="radio"/> No		
If Yes , select the reason why you stopped working:		
<input type="radio"/> Shortage of work/contract ended <input type="radio"/> Maternity/paternity <input type="radio"/> Dismissed/quit <input type="radio"/> Medical condition(s)/illness(es) <input type="radio"/> Other, provide details: _____		
E2 When completing this question, if you had/have two or more jobs, please include information about the main job where you spent/spend the most time.		
Title or position of current or last job	First day on the job (YYYY-MM-DD)	Last day you went to work (YYYY-MM-DD)
Name of your current or last employer		
Mailing address of your current or last employer (No., Street, Apt., PO Box, RR)		City/Town
Province/Territory	Country (if not Canada)	Postal code
Telephone number		

Section F - Benefits for children

If you qualify for CPP disability benefits, the information you provide in this section will help us determine if any child(ren) may qualify for the disabled contributor's child's benefit. To qualify, the child(ren) must be under the age of 18, or 18 to 25 years old and attending school full-time.

(F1) Do you have children? ☐ Yes ☐ No If **No**, please skip to **Section G**.

Who receives the payment?

- If you have custody and control of a child under the age of 18, we will send you the monthly payment.
- If you do not have custody and control of a child under the age of 18, we will send the monthly payment to the person or agency (custodian) that has custody and control of the child (consent to contact the person or agency is required – see question **F3**).
- If the child is 18 to 25 years old and attending school full-time, we will send the monthly payment to the child directly (consent to contact the child is required - see question **F3**).

For the purposes of the CPP, **custody and control** includes sole, shared, joint, etc., and formal and informal custody and control arrangements. More specifically, if you are sharing custody of a child, no matter how minimal, you are considered to have custody and control.

Note: If you do not provide the Social Insurance Number of the child(ren), Service Canada will require a certified photocopy of an acceptable document confirming the child(ren)'s date of birth (e.g. birth certificate).

(F2) Please include information about your child(ren) in the space below.

a) First child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number
<input type="radio"/> Biological child <input type="radio"/> Legally adopted <input type="radio"/> Other, please specify: _____		
Is this child 18 to 25 years old and attending full-time school, college or university now or within the past 11 months?		
<input type="radio"/> Yes <input type="radio"/> No If Yes , please provide the child's address below.		
If the child is under the age of 18, do you have custody and control? <input type="radio"/> Yes <input type="radio"/> No	If No , provide the custodian's full name and address below. <div style="text-align: right;">Custodian's full name</div>	
Address (no, street, apt, RR), City/Town, Province/Territory, Country (if not Canada), Postal code		


b) Second child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number
<input type="radio"/> Biological child <input type="radio"/> Legally adopted <input type="radio"/> Other, please specify: _____		
Is this child 18 to 25 years old and attending full-time school, college or university now or within the past 11 months?		
<input type="radio"/> Yes <input type="radio"/> No If Yes , please provide the child's address below.		
If the child is under the age of 18, do you have custody and control? <input type="radio"/> Yes <input type="radio"/> No	If No , provide the custodian's full name and address below. <div style="text-align: right;">Custodian's full name</div>	
Address (no, street, apt, RR), City/Town, Province/Territory, Country (if not Canada), Postal code		

Social Insurance Number:

PROTECTED B (when completed)

c) Third child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number
<input type="radio"/> Biological child <input type="radio"/> Legally adopted <input type="radio"/> Other, please specify: _____		
Is this child 18 to 25 years old and attending full-time school, college or university now or within the past 11 months? <input type="radio"/> Yes <input type="radio"/> No If Yes , please provide the child's address below.		
If the child is under the age of 18, do you have custody and control?	<input type="radio"/> Yes <input type="radio"/> No	If No , provide the custodian's full name and address below. Custodian's full name
Address (no, street, apt, RR), City/Town, Province/Territory, Country (if not Canada), Postal code		

d) Fourth child's full name	Date of birth (YYYY-MM-DD)	Social Insurance Number
<input type="radio"/> Biological child <input type="radio"/> Legally adopted <input type="radio"/> Other, please specify: _____		
Is this child 18 to 25 years old and attending full-time school, college or university now or within the past 11 months? <input type="radio"/> Yes <input type="radio"/> No If Yes , please provide the child's address below.		
If the child is under the age of 18, do you have custody and control?	<input type="radio"/> Yes <input type="radio"/> No	If No , provide the custodian's full name and address below. Custodian's full name
Address (no, street, apt, RR), City/Town, Province/Territory, Country (if not Canada), Postal code		

 For additional children, please attach an extra sheet.

(F3) Consent to contact the child(ren) or their custodial parent, guardian or agency

You can give your permission (consent) to allow Service Canada to contact the child(ren), or their custodial parent, guardian or agency to inform them about the disabled contributor's child's benefit.

We will not contact the child(ren), their custodial parent, guardian or agency, without your consent.

If you give your consent, we will contact them **ONLY** to inform them that the child(ren) may qualify for the disabled contributor's child benefit. Service Canada will not share information about you or your medical condition.

If you do not give your consent, we will not contact the child's custodial parent, guardian or agency (for children under the age of 18), and/or the child(ren) over the age of 18, to inform them about the disabled contributor's child's benefit. However, if we receive an application from the custodial parent, guardian or agency and/or the child(ren) over the age of 18, we will use the information on this application, if applicable, to determine if they qualify for the disabled contributor's child's benefit. We will not share information about your medical condition, but we will be required to use and disclose your status as a CPP disability pension beneficiary.

Do you give your consent to Service Canada to contact the child(ren) or their custodial parent, guardian or agency to inform them about the disabled contributor's child's benefit?

☐ Yes
☐ No

Social Insurance Number:

PROTECTED B (when completed)

Section G - Payment information

G1 Direct deposit

If your application is approved, your monthly payments will be deposited into your account at your financial institution. The account must be in your name. A joint account is also acceptable.

To enroll for direct deposit banking, you must provide your banking information below.

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

Name and Address of Account holder		Cheque Number: 000102	
Pay to the order of		Date	
"VOID"		\$	
			Dollars
Signature			
485	"00646"	842	:0164"0234-5800
BRANCH NUMBER	INSTITUTION NUMBER	ACCOUNT NUMBER	

Sharing your direct deposit information with the Canada Revenue Agency

Your direct deposit information can also be used by the CRA to deposit any income tax refunds, working income tax benefit advance payments, the Canada Child Benefit, the Universal Child Care Benefit, and GST/HST credit payments you may receive. If you agree, Employment and Social Development Canada (ESDC) can share your direct deposit information with the CRA.

For ESDC and the CRA to share your personal and direct deposit information, your permission (consent) is required.

By filling in the circle for "I agree", you agree with these two statements:

- I consent to ESDC sharing with the CRA my direct deposit information entered on this form for any payments I may receive from the CRA.
- I consent to ESDC sharing with the CRA my Social Insurance Number, last name, and date of birth so that the CRA can identify me correctly.

If you fill in the circle for "I do not agree", your information will not be shared. You may still update your banking information with the CRA by contacting them directly.

☐ I agree ☐ I do not agree

Direct deposit outside Canada

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States, and at 613-957-1954 from all other countries (collect calls are accepted). The form and a list of countries where direct deposit service is available can be found at **www.directdeposit.gc.ca**.

Section H - Consent for Service Canada to obtain personal information

Service Canada is authorized under Section 68 and 69 of the Canada Pension Plan Regulations to receive personal information (medical and non-medical) about you to determine if you qualify or continue to qualify for Canada Pension Plan (CPP) disability benefits. Your consent to permit Service Canada to obtain this information is necessary should Service Canada need this information from the persons and organizations listed below.

I give Service Canada my consent to obtain personal information about me that would help determine if I qualify or continue to qualify for CPP disability benefits. For this reason, Service Canada may contact any of the following persons and organizations if necessary:

- medical doctors, nurse practitioners, consultant specialists, or other health care professionals;
- educational institutions or other vocational agencies;
- my accountant or bookkeeper for information on self-employment;
- federal, provincial, territorial, or municipal government departments and agencies;
- provincial or territorial workers' compensation boards;
- financial institutions (for address updates only);
- medical facilities or hospitals;
- administrators of insurance plans;
- employers, former employers;
- voluntary organizations;
- employees (for the cases of self-employed persons).

Note: Failure to check an option below could result in a delay in processing your application.

- ☐ **I give my consent** to Service Canada to obtain medical and other personal information about me from all persons and organizations listed above. I understand that this information may help determine if I qualify or continue to qualify for CPP disability benefits.
- ☐ **I do not give my consent** to Service Canada to obtain medical and other personal information about me from all persons and organizations listed above.

I understand that if I do not give my consent, Service Canada:

- will make a decision based on the available information on my file;
- may stop paying me the benefits if I am already receiving them; and
- can require that I provide the necessary information.

Applicant's address (No., Street, Apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code		
Applicant's name (print)	Signature of applicant/authorized representative	Date (YYYY-MM-DD)



An **authorized representative** can act on your behalf. See information on **authorized representative** on page 13 of this application.

To be completed by a witness only if the applicant signs with a mark (e.g. X).

I have read the contents of this section to the applicant, who appeared to fully understand them and who made their mark in my presence.

First name of witness (print)	Middle name	Last name(s)	Telephone number
Signature of witness		Date (YYYY-MM-DD)	

This signed consent is valid for up to 3 years unless you cancel it in writing. Service Canada requires your original signature, but we will use a photocopy and consider it as valid as the original when requesting personal information from the persons and organizations listed above.

Section I - Consent to communicate information to an authorized person

The form allows you to name a person (such as your spouse, partner, other family member or friend) to communicate on your behalf with Service Canada regarding your Canada Pension Plan (CPP) and Old Age Security (OAS) benefits. It allows Service Canada to communicate to this authorized person your personal information concerning CPP/OAS benefits, payments, income, contributions and changes to your address (excluding the address where your cheque is mailed or the bank account where the payment is deposited). It **does not provide authority** for the person to apply for benefits for you, change your payment address or request/change voluntary tax withhold. If our records indicate that a legal representative, such as a Power of Attorney or Trustee, is authorized to act on your behalf, all communications will be made through that legal representative.

Note: Third parties are not currently authorized to use the CPP/OAS On-line Services.

(I1) Your consent (you must complete and sign this section)

First name	Initial	Family name	Social Insurance Number
<p>I hereby give my consent for Service Canada to communicate personal information on my behalf and to act on information received from the authorized person, named in question I2, concerning CPP/OAS benefits, payments, income, contributions and changes to my address (excluding the address where my cheque is mailed or the bank account where the payment is deposited) on the programs below:</p> <p>Check applicable box(es): <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Old Age Security</p> <p>The consent form does not provide authority to the person to apply for benefits on my behalf or to change my payment address (the address where my cheque is mailed or the bank account where the payment is deposited) or request/change voluntary tax withhold. I understand that this consent remains valid unless I cancel it in writing and that it is only valid if Service Canada receives this form within one year from the date I sign it. I also understand that this consent is revoked in the event of my death.</p> <p>Your signature _____ Date (YYYY-MM-DD) _____</p>			

(I2) The person you would like us to communicate with must complete and sign this section

Relationship to client: _____			
First name	Initial	Family name	

Telephone numbers:	Home _____	Work _____	Other _____
Complete mailing address (No., Street, Apt., PO Box, RR), City/Town, Province/Territory, Country, Postal code			

<p>I understand that I can communicate with Service Canada on the program(s) checked off above to give and receive personal information on behalf of the person named in question I1. I also understand that I do not have the authority to apply for a benefit or to change the payment address (the address where the cheque is mailed or the bank account where the payment is deposited) or request/change voluntary tax withhold on this person's behalf.</p> <p>Signature _____ Date (YYYY-MM-DD) _____</p>			

Protection of your personal information

CPP and OAS cannot give your personal information to any person or organization without your written consent, except where authorized by CPP or OAS legislation. You (or your authorized legal representative) have the right to request a copy of the information in your file.

Section J - Declaration and Signature

Privacy Notice Statement

Read the following information before you sign your application:

Your personal information is collected under the authority of the *Canada Pension Plan (CPP)* and will be used to determine your, and if applicable, your child(ren)'s benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *CPP Regulations*, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists the CPP as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow 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. Your personal information 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 CPP, other acts of Parliament and federal or provincial law. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *CPP and Old Age Security Act*. The information you provide may also be used/disclosed for policy analysis, research and/or evaluation purposes but will not result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

Your personal information is administered in accordance with the CPP, the *Privacy Act*, the *Department of Employment 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 Bank Canada Pension Plan Program (ESDC PPU140 and 146). You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: www.canada.ca/infosource-ESDC. *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern.

Signature of applicant

I hereby apply for a disability and, if applicable, a child's benefit under the Canada Pension Plan and declare that to the best of my knowledge and belief, all of the information herein is true and complete.

I agree to notify Service Canada of any changes that may affect my eligibility for benefits. These include: an improvement in my medical condition(s); a return to work (full-time, part-time, trial period or volunteer work); attendance at school or university; trade or technical training; any rehabilitation, or a change in custody of any child under the age of 18.

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 applicant	Date (YYYY-MM-DD)
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To be completed by a witness only if the applicant signs with a mark (e.g. X).

I have read the contents of this application to the applicant, who appeared to fully understand them and who made their mark in my presence.

First name of witness (print)	Middle name	Last name	Telephone number
Address (No., Street, Apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code			
Signature of witness			Date (YYYY-MM-DD)

To be completed ONLY by an authorized representative of the applicant

 See information on **authorized representative** below.

I hereby apply for a disability benefit and, if applicable, a child's benefit under the Canada Pension Plan on behalf of the applicant and I declare that to the best of my knowledge and belief, all of the information herein is true and complete.

I agree to notify Service Canada of any changes that may affect the applicant's eligibility for benefits. These include: an improvement in the medical condition(s); a return to work (full-time, part-time, trial period or volunteer work); attendance at school or university; trade or technical training; any rehabilitation, or a change in custody of any child under the age of 18.

I also agree to notify Service Canada if and when I cease acting as the representative of the applicant and/or of any changes in the applicant's condition whereby the applicant is able to act on their own behalf.

A false or misleading statement may result in an administrative monetary penalty and interest, if any, under the *Canada Pension Plan*, or in the prosecution of an offence. Any benefits received or obtained to which there was no entitlement would have to be repaid.

First name of representative (print)	Middle name	Last name	Telephone number
Address (No., Street, Apt., RR), City/Town, Province/Territory, Country (if not Canada), Postal code			
Relationship to the applicant	Signature of authorized representative		Date (YYYY-MM-DD)

Authorized representative

An **authorized representative** can act on your behalf. This person will have all of the rights and responsibilities that you would have as an applicant/beneficiary, such as signing the application and keeping Service Canada informed of any changes to your account. These could include changes to your telephone number, your medical condition(s) or a return to work.

An **authorized representative** could be any of the following:

- guardian
- lawyer
- curator
- trustee
- committee
- Power of Attorney (for CPP purposes, only POA for property is accepted)
- executor
- any other legal representative of that person

The **authorized representative** must be appointed under a law of Canada, a province or territory, or by the Minister, to manage your affairs. Legal documents must be submitted to support an **authorized representative** and could include:

- mandate
- trusteeship
- Power of Attorney documents (for CPP purposes, only POA for property is accepted)
- letterhead from a lawyer clearly stating they represent you
- an official CPP/Old Age Security program form. Contact us for more information.

An **authorized representative** cannot receive the paid benefits on your behalf unless it has been proven that you are not capable of managing your affairs.

This application contains information about the Canada Pension Plan disability benefits which is based on the *Canada Pension Plan* legislation. If there are any differences between what is in this application and the *Canada Pension Plan* legislation, the legislation is always right.

Annex A - Child rearing provision guide

For the Canada Pension Plan (CPP), the primary caregiver is the person who is/was most responsible for the daily needs of the child(ren) until the age of 7. Some things a primary caregiver does are: watch over the child(ren), prepare meals, go to school meetings and events, or take the child(ren) to doctors appointments.

Family Allowance (FA) - available before 1993

The FA program (once known as the baby bonus) sent monthly payments to parents or guardians of dependent children under the age of 18. For most families, payments were issued to the mother.

The Canada Child Benefit replaced the FA program in 1993.

Canada Child Benefit (CCB) - available since 1993. Previously known as Child Tax Benefit and Canada Child Tax Benefit

The CCB is a monthly benefit based on your net family income level, the number of children you have, and the ages of your children. In most families, payments are/were issued to the mother.

If you were the primary caregiver of one or more children and did not receive the CCB only because your family income was too high, you are considered to have been eligible for the CCB.

Where you the primary caregiver?	Did you receive the Family Allowance (before 1993)?	Did you receive or were you eligible for the Canada Child Benefit (since 1993)?	What do I complete in question B3?
Yes	Yes	Yes	<ul style="list-style-type: none">- Answer questions A), B), C) and D).- Skip the waiver of rights (E).
Yes	Yes	No	<ul style="list-style-type: none">- Answer questions A), B), C) and D).- Skip the waiver of rights (E).
Yes	No	Yes	<ul style="list-style-type: none">- Answer questions A), B), C) and D).- Skip the waiver of rights (E).
Yes	No, my current/former spouse or common-law partner did	No	<ul style="list-style-type: none">- Answer questions A), B), C) and D).- Request that your current/former spouse or common-law partner complete the waiver of rights (E).
Yes	No	No, my current/former spouse or common-law partner received the payments	<ul style="list-style-type: none">- Answer questions A), B), C) and D).- Skip the waiver of rights (E).- Provide a letter from Canada Revenue Agency (CRA) indicating you would have been eligible for the CCB had you applied when you were the primary caregiver. Please contact the CRA for more information about obtaining this letter.
Yes	No, my current/former spouse or common-law partner did	No, my current/former spouse or common-law partner received the payments	<ul style="list-style-type: none">- Answer questions A), B), C) and D).- Request that your (former) spouse/common-law partner complete the waiver of rights (E).- Provide a letter from Canada Revenue Agency (CRA) indicating you would have been eligible for the CCB had you applied when you were the primary caregiver. Please contact the CRA for more information about obtaining this letter.

If you are not sure of which situation applies to you, complete all questions in **B3** and Service Canada will review.

Annex B - Certified photocopies of original documents

Please send certified true photocopies rather than original documents, whenever submitting documents to Service Canada. If you must send your original documents, we suggest you 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 readable and if you have someone certify that it is a true copy of the original.

How to get a certified true photocopy of an original document

Documents can be certified by Service Canada staff free of charge at any Service Canada Centre. If you cannot visit a Service Canada Centre, you can ask a member of one of the following professions 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 a Financial Institution
- Medical and Health Practitioner: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse
- Member of Parliament or their staff
- Member of a Provincial Legislature or their staff
- Minister of Religion
- Municipal Clerk
- Official of a federal or provincial government department, or one of its agencies
- Official of an Embassy, Consulate or High Commission
- Official of a country with which Canada has a reciprocal Social Security Agreement
- Police Officer
- Professional Engineer
- Social Worker
- Teacher
- University Professor

Note: You cannot certify photocopies of your own documents and you cannot ask a relative to do it for you.

The person certifying the document(s) must:

- compare the original document to the photocopy;
- state their official position or title and sign and print their name;
- provide their telephone number;
- write the date they certified the document; and
- 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.**

Note: If your photocopy is missing any of the above elements, it will not be accepted and you will have to submit a new, properly certified photocopy. This could result in delays in processing your application.

If the document has information on more than one page, photocopy all pages. The person you ask to certify your photocopies can either certify each page, or only the first page as long as they indicate and attest to the total number of pages in the document, including any pages that are blank.

Please write your Social Insurance Number on any document or photocopy that you send to Service Canada.

Before you send your application - checklist

- ☐ Have you written your Social Insurance Number in the box at the top of each page and at the top of each sheet you have added?
- ☐ Have you provided your date of birth on page 1?
- ☐ Have you read and signed the Consent for Service Canada to obtain personal information on page 10?
- ☐ If you are giving permission to another person to give or receive information from Service Canada on your behalf, have you read and signed the Consent to communicate information to an authorized person on page 11?
- ☐ Have you read and signed the Declaration and signature on page 12?
- ☐ Have you completed **Sections 1 and 2** of the **Terminal Illness Medical Attestation**?
- ☐ Have you asked your doctor or nurse practitioner to complete **Section 3** of the **Terminal Illness Medical Attestation** and mail it to Service Canada?

DO NOT WAIT for your doctor or nurse practitioner to complete the Terminal Illness Medical Attestation before sending your completed Terminal Illness Application to Service Canada. The date your application is received by Service Canada could affect when your benefit starts.

- ☐ Have you removed the information and instructions pages from the application at front and back? These contain general information and do not need to be submitted.

To mail your application to the Service Canada office nearest you, see the list of addresses on the page **Service Canada Offices** in the Information and Instructions sheets at the front of the application. You can also drop-off the completed application at a Service Canada Centre near you.

What to expect after you send your application

Once Service Canada receives your application, we will:

- call you to confirm that your application was received.
- ask you for more information or other documents if needed.
- answer any questions you may have.

Once we receive all the information and/or documents we need from you:

Service Canada will determine if you have made the minimum amount of valid CPP contributions.

If you have made the minimum amount of valid CPP contributions:

the information you and your doctor or nurse practitioner provide will be reviewed by a CPP disability medical adjudicator.

If you qualify, your benefit will start four months after your disability was found to be severe and prolonged (as defined by CPP legislation). You may receive up to 11 months of payments retroactive from the date your application was received.