

Application for Canada Pension Plan Disability Benefits
under the Agreement on Social Security between
Canada and

Personal Information
Bank HRDC PPU 175

In which language do you wish to receive your correspondence?

☐ English☐ French

Please:

- Read the enclosed guide
- Complete the unshaded areas only

SECTION 1 - INFORMATION ABOUT THE CONTRIBUTOR

1. Social Security Number

Canadian Social Insurance Number

2. ☐ Male☐ Female

Given NameFamily NameFamily Name at Birth

3. Name on Canadian Social Insurance Card

☐ same as in question 2 or

4. Date of Birth (Please provide birth or baptismal certificate)

YearMonthDay

For use by the Social Security Institution only

Date of receipt:

Verified by:

5. Marital Status

☐ Single☐ Married☐ Separated☐ Widowed☐ Divorced☐ Common-law

6. Home Address (No., Street, Apt. No.)

Postal CodeCity, Town or VillageCountry

7. Mailing Address (No., Street, Apt. No., P.O. Box, R.R.)

☐ same as in question 6 or

8. In which Canadian province did you last reside?

9. Indicate periods of residence and/or periods of employment in a country other than Canada and the Republic of the Philippines.

Name of Country	Social Security Number in that Country	Residence				Employment				Has a benefit been requested?	
		From		To		From		To		Yes	No
		Year	Month	Year	Month	Year	Month	Year	Month		

10. Since January 1, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31, 1958?

Contributor

☐ Yes☐ No

Spouse or Common-law partner

☐ Yes☐ No

SECTION 2 - INFORMATION ABOUT THE CONTRIBUTOR'S CHILDREN

11. Do you have children under the age of 18 in your custody and control?

☐ Yes If "Yes", please complete question 11 and attach a birth or baptismal certificate for each child.☐ No

Do you have children between the ages of 18 and 25 in full time attendance at school or university?

☐ Yes If "Yes", each child should complete a separate application.☐ No

11A. Child's Given Name

Family Name

☐ Male☐ Female

Date of BirthYearMonthDay

For use by the Social Security Institution only


Verified by:

☐ Natural child☐ Legally adopted child☐ Other

If you answered "Other", please explain the circumstances.

ISP-5053-00E

(Ce formulaire est disponible en français - ISP 5053 F)



SECTION 2 - INFORMATION ABOUT THE CONTRIBUTOR'S CHILDREN (continued)				
11B. Child's Given Name		Family Name		For use by the Social Security Institution only Verified by:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth <div>YearMonthDay</div>		
<div><input type="checkbox"/> Natural child <input type="checkbox"/> Legally adopted child <input type="checkbox"/> Other</div> <div>If you answered "Other", please explain the circumstances.</div> <div></div> <div></div> <div></div> <div></div> <div></div>				
If there is not sufficient space to list all your children in question(s) 11 and / or 12, please use a separate sheet of paper and attach it to this application.				
12. If you have a natural or legally adopted child under the age of 18, in the custody and control of someone else, please provide the following information:				
12A Child's Full Name		Custodian's Full Name		Custodian's Address (No., Street, Apt. No.)
12B Child's Full Name		Custodian's Full Name		Custodian's Address (No., Street, Apt. No.)
13. On behalf of any of your children listed in question 11, has an application been made for, or have benefits been received from:				
<div>AppliedReceived</div> <div>Canada Pension Plan<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Quebec Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>If you answered "Yes" to either of the above, indicate under which Social Insurance Number.</div> <div>Social Insurance Number<div></div>Social Insurance Number<div></div></div>				

IT IS AN OFFENCE UNDER CANADIAN LAW TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

SECTION 3 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS.	
Note: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.	
14. Declaration of Applicant	
<div>I hereby apply for a disability benefit under the Canada Pension Plan and declare that, to the best of my knowledge, the information herein is true and complete. I agree to notify Human Resources Development Canada of any changes in circumstances which may affect my eligibility to benefits. I authorize the social security institution which is Party to this Agreement to furnish to Human Resources Development Canada all the information and evidence in its possession which relate or could relate to this application for benefits. In addition, I realize that my personal information governed by the Privacy Act of Canada may be disclosed where authorized under the Canada Pension Plan.</div> <div>Signature of Applicant</div>	
<div><div>Date of Application YearMonthDay</div><div>Telephone Number (including area, city or regional code)</div><div>[]</div></div> <div>Note: Signature by mark is acceptable if witnessed by any responsible person who must complete the declaration opposite.</div>	
Declaration of Witness	
<div>I have read the contents of this application to the applicant who appeared to fully understand them and who made his or her mark in my presence.</div> <div>Signature of Witness</div> <div>Name of Witness (Please Print)</div> <div>Address of Witness (No., Street, Apt. No.)</div>	

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA							
Date of Receipt YearMonthDay		Eligibility Date YearMonthDay		Date of Payment YearMonthDay		Age A B T	
Certified by:		Date		Verified by:		Date	