



Protected when completed - A

GE-CAN 3

Personal Information
Bank HRDC PPU 175

- **Benefit for child age 18 to 25 and in full time attendance at school or university.**
- **The "Declaration of Attendance at School or University" on reverse must be completed in support of this application.**

In which language do you wish to receive your correspondence?

☐ English ☐ French

SECTION A - INFORMATION ABOUT THE CONTRIBUTOR						For the use by the Social Security Institution only	
1A. Contributor's Canadian Social Insurance Number <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				1B. Sex <div><input type="checkbox"/> Male <input type="checkbox"/> Female</div>			
2. <div><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Given Name Initial Family Name</div>							
3. Contributor's Address (No., Street, Apt. No.) <div>Postal Code City, Town or Village Country</div>							
SECTION B - INFORMATION ABOUT THE CHILD OF THE CONTRIBUTOR							
4A. Child's Canadian Social Insurance Number <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				4B. Sex <div><input type="checkbox"/> Male <input type="checkbox"/> Female</div>			
5. <div><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Given Name Initial Family Name</div>							
6. Home Address (No., Street, Apt. No.) <div>Postal Code City, Town or Village Country</div>							
7. Mailing Address (No., Street, Apt. No., P.O. Box, R.R.) <input type="checkbox"/> same as question 6 or <div>Postal Code City, Town or Village Country</div>							
8. Date of Birth (Please provide birth or baptismal certificate) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				For use by the Social Security Institution only Verified by:			
9A. Have you ever applied for or received a benefit from: Canada Pension Plan? Quebec Pension Plan? <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</div>						9B. If "Yes", indicate under which Social Insurance Number <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
10. Are you a natural or legally adopted child of the contributor? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>						If legally adopted, indicate date of adoption <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
IT IS AN OFFENCE UNDER CANADIAN LAW TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION							
SECTION C - DECLARATION OF CHILD							
11. <input type="checkbox"/> I hereby apply for a Disabled Contributor's Child's Benefit <input type="checkbox"/> I hereby apply for a Surviving Child's Benefit and declare that, to the best of my knowledge and belief, 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. I authorize the social security institution of the country 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.							
Signature of Applicant <div>▶ _____</div>				Date of Application Year Month Day <div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Telephone Number (including area, city or regional code) <div>[]</div>	
TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA							
Date of Receipt Year Month Day <div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Eligibility Date Year Month Day <div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Date of Payment Year Month Day <div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Age A B T <div><div></div><div></div><div></div></div>	
Certified by:		Date		Verified by:		Date	

ISP-5055-00E

(Ce formulaire est disponible en français - ISP 5055 F)



Declaration of Attendance at School or University

12. Contributor's Canadian Social Insurance Number
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

SECTION D - TO BE COMPLETED BY THE STUDENT

13. Student's Canadian Social Insurance Number	Given Name	Family Name
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
14. Enrolled as a student at (Name of school, University, College, Junior College, Training Centre)		
15A. Type of Enrollment <input type="checkbox"/> Full-time <input type="checkbox"/> Evening <input type="checkbox"/> Other If you answered "Evening" or "Other", please explain in 17 below.		15B. Enrolled in (Specify course, Grade or Faculty)
16A. Number of hours per week you are required to attend above course, grade or faculty. (Hours per week) ▶	16B. When did or will your attendance begin? Year Month <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	16C. When did or will your attendance end? Year Month <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
17. Remarks (Give duration and reasons for any absence(s) during the above academic year plus any additional explanation with reference to question 15A above.)		

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

I hereby declare that, to the best of my knowledge and belief, the information given herein is true and complete. **I UNDERTAKE TO NOTIFY HUMAN RESOURCES DEVELOPMENT CANADA SHOULD I INTERRUPT OR TERMINATE MY ATTENDANCE AT SCHOOL OR UNIVERSITY.** I hereby authorize the above school or university to furnish Human Resources Development Canada with all the information regarding my enrollment and attendance.

Signature of Applicant	Date of Application Year Month Day <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	Telephone Number (including area, city or regional code) []
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SECTION E - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of my knowledge and belief, the answers to the questions in section D above are correct unless otherwise stated below.

Name and Address of School or University	Name of the Authorized Person	
	Signature	
	Title	
	Date Year Month Day <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	Telephone Number (including area, city or regional code) []