

**Application for Canada Pension Plan Disability benefits
under the Agreement on Social Security between
Canada and Denmark**

DN-CAN 1 (DI)

| | | |
|---|----------------|---|
| Preferred language for correspondence <input type="radio"/> English <input type="radio"/> French | Please: | - Read the enclosed guide - Complete the unshaded areas only |
|---|----------------|---|

SECTION 1 - INFORMATION ABOUT THE CONTRIBUTOR

| | | |
|---|----------------------------------|---|
| 1. Social Security or Identification Number | Canadian Social Insurance Number | For use by the Social Security Institution of Denmark only Date of receipt: Verified by: |
| 2. <input type="radio"/> Male <input type="radio"/> Female Given Name and Initial Family Name Family Name at Birth | | |

| | |
|---|---|
| 3. Name on Canadian Social Insurance Card <input type="checkbox"/> same as question 2 or | 4. Date of Birth (YYYY-MM-DD) (Please provide birth certificate) |
|---|---|

5. Marital Status
 Single Married Common-Law Separated Divorced Surviving spouse or common-law partner

6. Home Address (No., St., Apt.,RR.) City, Town or Village

Province or Territory Country Postal Code

7. Mailing Address (No., St., Apt.,RR.) if different from Home Address City, Town or Village

Province or Territory Country Postal Code

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 Denmark.

| 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 | | |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

Canadian Social Insurance Number

PROTECTED B (when completed)

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 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 _____
Date of Birth (YYYY-MM-DD) _____
 Male Female
 Natural child Legally adopted child Other
If you answered "Other", please explain the circumstances.

For use by the Social Security Institution of Denmark only
Verified by:

11B. Child's Given Name _____ Family Name _____
Date of Birth (YYYY-MM-DD) _____
 Male Female
 Natural child Legally adopted child Other
If you answered "Other", please explain the circumstances.

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Verified by:

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:

Child's Full Name _____ Custodian's Full Name _____ Custodian's Address _____
Child's Full Name _____ Custodian's Full Name _____ Custodian's Address _____

Canadian Social Insurance Number

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13. On behalf of any of your children listed in question 11, has an application been made for, or have benefits been received from:

| | Applied | | Received | |
|---------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Canada Pension Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quebec Pension Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to either of the above, indicate under which Social Insurance Number.

Canadian Social Insurance Number _____

Canadian Social Insurance Number _____

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 and signature

I declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize the social security institution of the country which is a Party to this Agreement to furnish to Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits.

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated. The SIN will also be used for income verification purposes with the Canada Revenue Agency to deliver better service to you, and minimize government duplication.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Human Resources and Skills Development Canada (HRSDC) will be unable to process your application.

The information you provide may be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

The information you provide may be shared within HRSDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of HRSDC may have entered into an agreement, and/or with non-governmental third parties for the purpose of administering the *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law, of the *OAS Act* and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank HRSDC PPU 146 (CPP). Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following Web site address: www.infosource.gc.ca. *Info Source* may also be accessed online at any Service Canada Centre.

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 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 of Application
(YYYY-MM-DD) _____

Telephone number (including area, city or regional code) _____

NOTE: Signature by mark is acceptable if witnessed by any responsible person who must complete the following declaration.

Canadian Social Insurance Number

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15. Declaration of witness

I read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

Signature of Witness

Name of Witness (Please print)

Address of Witness

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

| Date of Receipt | | | Eligibility Date | | | Date of Payment | | | Age | | |
|-----------------|-------|-----|------------------|-------|-----|-----------------|-------|-----|----------------------|----------------------|----------------------|
| Year | Month | Day | Year | Month | Day | Year | Month | Day | A | B | T |
| | | | | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Certified by: | | | Date | | | Verified by: | | | Date | | |