



INFORMATION SHEET FOR CHILD'S BENEFIT

PLEASE RETAIN FOR YOUR INFORMATION

Your application form must be submitted with all the required documents as soon as possible. Failure to do so could result in delays or loss of payments. Application forms may be mailed to your nearest Service Canada Office.

PRIVACY ACT

The Privacy Act gives all Canadians a right of access to information, about themselves, held by the federal government. To help you exercise this right, the federal government has published an Index of Personal Information and a Personal Information Request form which can be found in public libraries, federal government libraries, most post offices and in other government offices open to the public. Should you wish to exercise your right of access, you may do so by completing a "Personal Information Request" form indicating which information bank you wish to consult.

PERSONAL INFORMATION BANK HRSDC PPU 146

The information requested on the application form will be used to determine your entitlement to receive a Child's Benefit under Canada Pension Plan. Failure to provide the required information may result in the denial of these benefits. The information provided will be retained in the above-noted bank. Under the Privacy Act, you have a right to obtain a copy of this record.

PROOF OF AGE DOCUMENTATION

You do not need to provide proof of birth for the children if you provided their Social Insurance Number in the application. However, the Canada Pension Plan has the right to request proof of birth at any time, when deemed necessary. If you did not provide the Social Insurance Number of the children, then you must submit **a certified true copy of the children's original birth or baptismal certificate**. If you have to send us documents, try to send us certified photocopies instead of the original documents. If you do decide to send your original documents, you may want to send them by registered mail. We will return all the original documents you send us. Keep in mind, however, that **we can only accept a photocopy if it is readable and if you have someone certify it as a true copy of the original**.

If you can bring your original documents into any Service Canada office, our staff will photocopy the documents and certify them for free. If you cannot visit a Service Canada office, you can ask one of the following people to certify your photocopy: Accountant; Chief of First Nations Band; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer; Magistrate; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Pharmacist, Psychologist, Nurse Practitioner, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Notary; Official of a federal government department 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; Postmaster; Professional Engineer; Social Worker and Teacher.

People who certify photocopies have to compare the original document to the photocopy and provide the following information: State their official position or title; sign and print their name; provide their phone number; and include the date they certified the document(s).

They also have to 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."

All Service Canada Offices can provide this service free of charge.

If you require any assistance or further information to complete your application, please contact the nearest Service Canada Office. The telephone number and address are in the government listings of the telephone book.

Application for a Canada Pension Plan Child's Benefit

(BENEFIT FOR CHILD AGE 18 TO 25 AND IN FULL TIME ATTENDANCE AT SCHOOL OR UNIVERSITY)
THIS APPLICATION MUST BE SUPPORTED BY A DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY FORM

It is important that you:

- send in this form with supporting documents (see the information sheet for the documents we need); **and**
- use a **pen** and **print** as clearly as possible.

SECTION A - INFORMATION ABOUT THE CONTRIBUTOR

1A. Contributor's Social Insurance Number		1B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		1C. Preferred language for correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
2. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Last Name			
3. Contributor's Address (No., Street, Apt., R.R.)				City	
4. Province or Territory		Country other than Canada		Postal Code	

SECTION B - INFORMATION ABOUT THE CHILD OF THE CONTRIBUTOR

5A. Child's Social Insurance Number		5B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Last Name	
7. Home Address if different from 3 above (No., Street, Apt., R.R.)		City	
Province or Territory		Country other than Canada	
Postal Code			
8. Mailing Address for cheque if different from 7 above (No., Street, Apt., R.R.)		City	
Province or Territory		Country other than Canada	
Postal Code			
9A. Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		9B. Date of birth Year Month Day	
AGE ESTABLISHED (FOR OFFICE USE ONLY)			
10A. Are or were you ever a beneficiary or an applicant for a benefit under: Canada Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Quebec Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		10B. If yes, under what Social Insurance Number	
11. Are you a natural or legally adopted child of the contributor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If legally adopted, indicate date of adoption. Year Month Day	

SECTION C - DECLARATION OF APPLICANT

12. I hereby apply for a Disabled Contributor's Child's Benefit. <input type="checkbox"/>		I hereby apply for a Surviving Child's Benefit. <input type="checkbox"/>	
I declare that, to the best of my knowledge and belief, the information given in this application is true and completed and I undertake to notify Service Canada of any changes in the circumstances which may affect eligibility.			
Student's Signature _____		Date of Application Year Month Day Telephone Number () - _____	

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

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Application taken by:		Date Application Received	
Application approved pursuant to Subsection 59(3) of the Canada Pension Plan.		Date	
Effective Date (year) (month)		Authorized Signature	

Service Canada delivers Human Resources and Social Development Canada (also known as Human Resources and Skills Development Canada) programs and services for the Government of Canada.

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT

1. Contributor's Social Insurance Number	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Contributor's Given Name and Initial <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name
2. Your Social Insurance Number	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Your Given Name and Initial <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name
3. Home Address	Home Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
5A. Student ID Number	5B. Name of School, University, College, Junior College, Training Center, etc.	
6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) <input type="checkbox"/> Full Time <input type="checkbox"/> Evening Time <input type="checkbox"/> Other	6B. Number of Courses	6C. Enrolled In (Specify Course, Grade or Program)
7A. Number of hours you are required to attend per week for course, grade or programme. Hours per week ▶	7B. When did or will your current attendance begin? Year Month ▶	7C. When will your current attendance end? Year Month ▶
8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.		
9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in 1. Above?		<input type="checkbox"/> Yes Social Insurance Number of that Contributor <input type="checkbox"/> No ▶

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

Date	Signature of Student	Telephone Number ()
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SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:
Additional Comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number ()

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