

GE - CAN 1

Personal Information
Bank HRDC PPU 175

Application for Canadian Old Age, Retirement and Survivors Benefits under the Agreement on Social Security between Canada and _____

In which language do you wish to receive your correspondence? <input type="checkbox"/> English <input type="checkbox"/> French	Please:	<ul style="list-style-type: none"> Read the enclosed guide Complete the unshaded areas only
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SECTION 1 - TO BE COMPLETED BY ALL APPLICANTS	For use by the Social Security Institution only Date of receipt: Verified by: <input type="checkbox"/> Attached <input type="checkbox"/> Attached
1. Social Security Numbers of the contributor or applicant for an Old Age Security Pension Social Security or Identification Number Canadian Social Insurance Number <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 250px; height: 20px; position: relative;"> </div> <div style="border: 1px solid black; width: 200px; height: 20px; position: relative;"> </div> </div>	
2. Indicate the benefits for which you wish to apply and submit the required documentation A. BENEFIT BASED ON RESIDENCE IN CANADA AFTER REACHING AGE 18:	
<input type="checkbox"/> Old Age Security Pension Complete: Sections 1, 2, 3 and 7 Submit: <ul style="list-style-type: none"> a birth or baptismal certificate proof of the legal status of your residence in Canada at the time of your departure (Canadian citizenship card, immigration papers, etc.). IF YOU WERE BORN IN CANADA AND LIVED THERE CONTINUOUSLY UNTIL YOUR DEPARTURE, THIS PROOF IS NOT REQUIRED. proof of the dates of your entry into and your departure from Canada (passports, visas, ship or airline tickets, etc.) 	Indicate: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Year Month Day </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Attached </div>
B. BENEFITS BASED ON CONTRIBUTIONS PAID TO THE CANADA PENSION PLAN SINCE JANUARY 1966:	
<input type="checkbox"/> Retirement Pension Complete: Sections 1, 2, 4 and 7 Submit: <ul style="list-style-type: none"> a birth or baptismal certificate 	Indicate: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Year Month Day </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Attached </div>
<input type="checkbox"/> Survivor's Pension <input type="checkbox"/> Surviving Child's Benefit <input type="checkbox"/> Death Benefit Complete: Sections 1, 2, 5, 6 (if necessary) and 7 Submit*: <ul style="list-style-type: none"> a death certificate a birth or baptismal certificate for the deceased contributor a birth or baptismal certificate for the survivor and each dependent child a marriage certificate 	Indicate: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Year Month Day </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Attached </div>
* If applying for a Death Benefit only, submit the contributor's death and birth or baptismal certificates only.	
If you wish to apply for a Canada Pension Plan Disability Benefit, please complete form GE-CAN 1 (DI) which is available on this website and from your nearest social security office.	

**SECTION 2 - GENERAL INFORMATION ABOUT THE CONTRIBUTOR OR APPLICANT FOR AN OLD AGE SECURITY PENSION
(To be completed by all applicants)**

3. Male Female

4. Given Name _____ Family Name _____ Family Name at Birth _____

5. Address (No. and Street, Apt. No.) _____
 Postal Code _____ City, Town or Village _____ Country _____

6. Mailing Address: Same as in question 5 or _____

7. Place of Birth _____

8. Name on Canadian Social Insurance Card _____
 Same as in question 4 or _____

9. Indicate periods of residence and/or periods of employment in a country other than Canada and the country in which you are presently residing.

Name of Country	Social Insurance 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"/>

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

11A. Marital Status: Single Married Separated
 Widowed Divorced Common-law

11B. Spouse's or Common-law partner's Full Name _____

11C. Spouse's or Common-law partner's Date of Birth: Year _____ Month _____ Day _____

**SECTION 3 - TO BE COMPLETED WHEN APPLYING FOR AN OLD AGE SECURITY PENSION
(Otherwise, proceed to SECTION 4)**

12. If born outside Canada, give date and place of entry into Canada.
 Year _____ Month _____ Day _____ Place of Entry _____

13. Indicate the legal status of your residence in Canada at the time of your departure from Canada
 Canadian Citizen Permanent Resident (Landed Immigrant) Admitted on a Minister's Permit
 Other (specify) _____

14. List the places where you have lived from birth to the present. Do not include changes within the same city, town or village. (If more space is needed, provide the information on a separate sheet of paper)

From		To		City, Town or Village	Province or State	Country
Year	Month	Year	Month			

15. Give name, address and telephone number of two persons, not related to you by blood or marriage, with whom we can confirm the facts of your residence in Canada.

Name	Address	Telephone Number (including area, city or regional code)

**SECTION 6 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVING CHILD'S BENEFIT (Otherwise, proceed to SECTION 7)
Questions 30 and 31 to be completed only when the applicant is not the person named in question 17.**

29.	Full Name of Child	Date of Birth			For use by the Social Security Institution only Verified by: _____
		Year	Month	Day	
30. Given Name		Family Name			
31. Address (No. and Street, Apt. No.)					
Postal Code		City, Town or Village		Country	

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

SECTION 7 - TO BE SIGNED BY THE APPLICANT

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.

<p>32. Declaration of Applicant</p> <p>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 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 Old Age Security Act or the Canada Pension Plan.</p> <p>Signature of Applicant ▶ _____</p> <p>NOTE: Signature by mark is acceptable if witnessed by any responsible person who must complete the declaration opposite.</p>	<p>33. Declaration of witness required only when the applicant signs with a mark</p> <p>I read the contents of this application to the applicant who appeared fully to understand and who made his or her mark in my presence.</p> <p>_____ Signature of Witness</p> <p>_____ Name of Witness (Please print)</p> <p>_____ Address of Witness</p>
<p>Date of Application</p> <p>Year Month Day</p> <p> </p>	<p>Telephone Number (including area, city or regional code)</p> <p>[]</p>

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

Eligibility Date - OAS Year Month Day 	Eligibility Date - CPP Year Month Day 	Date of receipt Year Month Day 	Age A B T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Residence Status X Y Z O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Payment Date - OAS Year Month Day 	Payment Date - CPP Year Month Day 	Elective Date Year Month Day 	Residence (Transitional Rules) 3 (1) (b) 3 (1) (c)	Residence 3 (1.1)
Aggregate	I certify that the applicant is eligible to receive the benefit(s) indicated as of the date(s) shown and that the benefit(s) is (are) payable under the provisions of the Old Age Security Act or the Canada Pension Plan.			
Rounded Down	Certified by: _____		Date _____	
	Verified by: _____		Date _____	