



Consent for Service Canada and Insurer to Communicate Disability Benefit Information

Instructions: Please read the Information Sheet on page 3 before completing this form.

Section 1: Your Consent for Service Canada and Your Insurer to Communicate Disability Benefit Information

Your first name (Please print)

Your last name

Your Social Insurance Number

I have read the Information Sheet on page 3. I understand that I am allowing Service Canada and my insurer to communicate the following information about my application for CPP Disability benefits:

After I have signed this form, my insurer will complete sections 2 and 3 and provide Service Canada with the following insurance disability benefit information:

- my insurance policy and client identification number
- the date when my disability insurance benefits started

If I am granted CPP Disability benefits, Service Canada will provide my insurer with the following CPP disability benefit information:

- the effective date of my CPP Disability benefit
- the month I will receive my first monthly payment
- the monthly amount of my CPP Disability benefit

I understand that Service Canada will not communicate my disability benefit information:

- if my consent is received more than one year from the day I signed it,
- if I cancel my authorization to allow Service Canada and my insurer to communicate my disability benefit information in writing, which I can do at any time, or
- before a decision has been made regarding my application for CPP Disability benefits

I hereby authorize my insurer, named below, and Service Canada to communicate my disability benefit information as indicated above.

I am (check one):

- the person named above a legal representative of the person named above

X

Signature

Year Month Day

Legal name of your insurer

Note: If you do not want to give your consent for Service Canada and your insurer to communicate your disability benefit information, do not sign this form and advise your insurer.

If you do sign, keep a photocopy for your records and return the original to your insurer. Your insurer will forward it to the nearest Service Canada Centre after completing sections 2 and 3.

Protecting your privacy: Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by CPP legislation. You (or your legal representative) have the right to request a copy of the information in your file at any time.

IMPORTANT: You can obtain an application for CPP Disability benefits by calling Service Canada at 1-800-277-9914 or print the application from the Internet at: www.servicecanada.gc.ca

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



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Important: This consent form authorizes the exchange of specific disability benefit information for the sole purpose of paying a one-time retroactive payment to an insurer and cannot be used for any other purpose.

Section 2 - Insurer Contact Information (to be completed by the insurer)

(Please print) Legal name of insurer (as it appears in the Approval, Deduction and Payment Agreement with HRSDC)

Mailing address

City

Province or territory

Postal code

Insurer contact name

Telephone number

Fax number

Optional Alternate Contact

Telephone number

Fax number

Section 3 - Disability Insurance Benefit Information (to be completed by the insurer)

Client name :
(as it appears in Section 1)

First name

Last name

Client's policy number

Client's identification number

Effective date of disability insurance
benefit payment:

Year

Month

Insurer Declaration:

As a duly authorized representative of the above named insurer, I declare that the information provided above is correct.

X

Signature

Year

Month

Day

Note to insurer: Please mail completed sections 1, 2 and 3 of this form to the nearest Service Canada Centre address listed on page 4.



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INFORMATION SHEET

What does "Consent for Service Canada and Insurer to Communicate Disability Benefit Information" mean?

As part of your application for CPP Disability benefits, you are being asked to agree to allow your insurer to give Service Canada your insurance policy and client identification numbers, such as a certificate or "control" number, so that the reimbursement of the retroactive payment is credited to your account correctly.

You are also being asked to agree to allow your insurer to provide Service Canada with the month and year when you started to receive disability insurance benefits to ensure that Service Canada is reimbursing your insurer the correct amount.

If you sign the consent form and if you are granted CPP Disability benefits, Service Canada will provide your insurer with the information your insurer will need to adjust its monthly payment to you. This includes the month and year when your CPP Disability benefit starts, the monthly benefit amount, and the month of your first payment.

This information will be exchanged only once and only after a decision regarding your application for CPP Disability benefits has been made.

How long will my consent last?

Your consent is effective only when a completed application for CPP Disability benefits is received. You can cancel your consent at any time by writing to us.

Also, your consent is valid only if received by Service Canada within 12 months of the date you signed it.

If you have questions about CPP Disability, contact Service Canada:

By telephone

- 1-800-277-9914 (English)
- 1-800-277-9915 (French)
- 1-800-255-4786 (TTY)

By telephone for residents of other countries

- 613-990-2244 (we accept collect calls)

By Mail

- see page 4

By Internet

- servicecanada.gc.ca



Service Canada Offices Disability

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

NOVA SCOTIA AND PRINCE EDWARD ISLAND

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK AND QUEBEC

Service Canada
PO Box 250 Station A
Fredericton NB E3B 4Z6
CANADA

ONTARIO

Service Canada
PO Box 2020 Station Main
Chatham ON N7M 6B2
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA