

Service

# Consent for Service Canada and Insurer to Communicate Disability Benefit Information

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

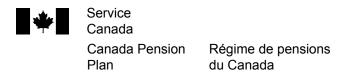
Section 1: Your Consent for Service Canada and Your Insurer to Communicate Disability Benefit Information

Your first name (Please print)	Your last na	ame _	Your Social Insurance Number			
I have read the Information Sheet on page communicate the following information abo	e 3. I understand that I	am allowing Servic	e Canada			
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:		If I am granted CPP Disability benefits, Service Canada will provide my insurer with the following CPP disability benefit information:				
<ul> <li>my insurance policy and client ident</li> <li>number</li> <li>the date when my disability insuran</li> </ul>	-	<ul> <li>the effective date of my CPP Disability benefit</li> <li>the month I will receive my first monthly payment</li> </ul>				
benefits started	-	the monthly an	hly amount of my CPP Disability benefit			
I understand that Service Canada will not	communicate my disal	oility benefit information	ation:			
- if my consent is received more than one year from the day I signed it,						
<ul> <li>if I cancel my authorization to allow information in writing, which I can c</li> <li>before a decision has been made r</li> </ul>	to at any time, or	-		y disability benefit		
I hereby authorize my insurer, named bel indicated above.	ow, and Service Canac	a to communicate	my disabili	ity benefit information as		
I am (check one):						
○ the person named above	<ul> <li>a legal replaced</li> </ul>	presentative of the	person na	med above		
X						
Signature		Year	Month	Day		
Legal name of your insurer						
<b>Note:</b> If you do not want to give your cons benefit information, <u>do not sign this form</u>			to commur	nicate your disability		
If you do sign, keep a photocopy for your the nearest Service Canada Centre after			urer. Your	insurer will forward it to		
<b>Protecting your privacy</b> : Service Canad your written consent, except where autho request a copy of the information in your	rized by CPP legislation					

**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.





## Consent for Service Canada and Insurer to Communicate Disability Benefit Information

**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 with HRSDC)	r (as it appears in the Appi	oval, Deduction and	Payment Agreement			
Mailing address						
City	Province or territory		Postal code			
Insurer contact name	Tele	phone number	Fax number			
Optional Alternate Contact	Tele	phone 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

Effective date of disability insurance benefit payment: Year

#### **Insurer Declaration:**

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

Month

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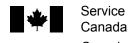
Signature

Year Month Day

Client's identification number

**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.

# Canadä



Plan

Canada Pension Régime de pensions du Canada

# **Consent for Service Canada and Insurer to Communicate Disability Benefit Information**

# **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

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