



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

RO-CAN 1 (DI)

Preferred language for correspondence  
 English     French

Please:    - Read the enclosed guide  
                   - Complete the unshaded areas only

**SECTION 1 - INFORMATION ABOUT THE CONTRIBUTOR**

1. Romanian Identification Number or Numerical Code	Canadian Social Insurance Number	For use by the Social Security Institution of Romania 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)
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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

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Province or Territory    Country    Postal Code

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

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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 Romania.

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"/>

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

**For use by the Social Security Institution of Romania only**  
  
**Verified by:**  
 \_\_\_\_\_

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

**For use by the Social Security Institution of Romania only**  
  
**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
_____	_____	_____

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	Yes	No	Yes	No
Quebec Pension Plan	Yes	No	Yes	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](http://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.**

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