



Personal Information
Bank HRSDC PPU 175

- **Benefit for child age 18 to 25 and in full time attendance at school or university.**
- **The "Declaration of Attendance at School or University" on page 2 must be completed in support of this application.**

In which language do you wish to receive your correspondence?
☐ English ☐ French

SECTION A - INFORMATION ABOUT THE CONTRIBUTOR			For use by the Social Security Institution only
1A. Contributor's Canadian Social Insurance Number <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		1B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
2. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <div> <div>Given Name</div> <div>Initial</div> <div>Family Name</div> </div>		Date of receipt:	
3. Contributor's Address (No., Street, Apt. No.) <div> <div>Postal Code</div> <div>City, Town or Village</div> <div>Country</div> </div>			

SECTION B - INFORMATION ABOUT THE CHILD OF THE CONTRIBUTOR									
4A. Child's Canadian Social Insurance Number <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>					4B. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
5. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Given Name					Initial		Family Name		
6. Home Address (No., Street, Apt. No.) <div> <div>Postal Code</div> <div>City, Town or Village</div> <div>Country</div> </div>									
7. Mailing Address (No., Street, Apt. No., P.O. Box, R.R.) <input type="checkbox"/> same as question 6 or <div> <div>Postal Code</div> <div>City, Town or Village</div> <div>Country</div> </div>									
8. Date of Birth (Please provide birth certificate) <div> <div>Year</div> <div>Month</div> <div>Day</div> </div>					For use by the Social Security Institution only Verified by:				
9A. Have you ever applied for or received a benefit from: <div> <div>Canada Pension Plan?</div> <div>Quebec Pension Plan?</div> </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div>					9B. If "Yes", indicate under which Social Insurance Number <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>				
10. 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 <div> <div></div> <div>Year</div> <div>Month</div> <div>Day</div> </div>				

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

SECTION C - DECLARATION OF CHILD

11. ☐ I hereby apply for a Disabled Contributor's Child's Benefit ☐ I hereby apply for a Surviving Child's Benefit

and declare that, to the best of my knowledge and belief, the information herein is true and complete. I agree to notify Service Canada of any changes in circumstances which may affect my eligibility. I authorize the social security institution of the country which is 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. In addition, I realize that my personal information governed by the *Privacy Act of Canada* may be disclosed where authorized under the *Canada Pension Plan*.

Signature of Applicant	Date of Application	Telephone Number
	<div>Year</div> <div>Month</div> <div>Day</div>	(including area, city or regional code)

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

<div> <div>Date of Receipt</div> <div> <div>Year</div> <div>Month</div> <div>Day</div> </div> </div>			<div> <div>Eligibility Date</div> <div> <div>Year</div> <div>Month</div> <div>Day</div> </div> </div>			<div> <div>Date of Payment</div> <div> <div>Year</div> <div>Month</div> <div>Day</div> </div> </div>			<div> <div>Age</div> <div> <div>A</div> <div>B</div> <div>T</div> </div> </div>		
<div> <div>Certified by:</div> <div></div> </div>			<div> <div>Date</div> <div></div> </div>			<div> <div>Verified by:</div> <div></div> </div>			<div> <div>Date</div> <div></div> </div>		

Declaration of Attendance at School or University		12. Contributor's Canadian Social Insurance Number	

SECTION D - TO BE COMPLETED BY THE STUDENT					
13. Student's Canadian Social Insurance Number		Given Name		Family Name	
14. Enrolled as a student at (Name of school, University, College, Junior College, Training Centre)					
15A. Type of Enrollment <input type="checkbox"/> Full-time <input type="checkbox"/> Evening <input type="checkbox"/> Other			15B. Enrolled in (Specify course, Grade or Faculty)		
If you answered "Evening" or "Other", please explain in 17 below.					
16A. Number of hours per week you are required to attend above course, grade or faculty. (Hours per week)		16B. When did or will your attendance begin?		16C. When did or will your attendance end?	
		Year Month		Year Month	
17. Remarks (Give duration and reasons for any absence(s) during the above academic year plus any additional explanation with reference to question 15A above.)					

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I hereby declare that, to the best of my knowledge and belief, the information given herein is true and complete. I UNDERTAKE TO NOTIFY SERVICE CANADA SHOULD I INTERRUPT OR TERMINATE MY ATTENDANCE AT SCHOOL OR UNIVERSITY. I hereby authorize the above school or university to furnish Service Canada with all the information regarding my enrollment and attendance.					
Signature of Student		Date of Application		Telephone Number	
		Year Month Day		(including area, city or regional code)	
				[]	

SECTION E - TO BE COMPLETED BY SCHOOL OR UNIVERSITY					
To the best of my knowledge and belief, the answers to the questions in section D above are correct unless otherwise stated below.					
Name and Address of School or University		Name of the Authorized Person			
		Signature			
		Title			
		Date		Telephone Number (including area, city or regional code)	
		Year Month Day		[]	