

GE - CAN 1

Personal Information  
Bank HRSDC PPU 175

Application for Canadian Old Age, Retirement and Survivors  
benefits under the Agreement on Social Security between  
Canada and the Republic of Hungary

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"><li>• Read the enclosed guide</li><li>• Complete the unshaded areas only</li></ul>
SECTION 1 - TO BE COMPLETED BY ALL APPLICANTS			For use by the Social Security Institution only
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><div></div><div></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:			
<div><input type="checkbox"/> Old Age Security Pension Complete: Sections 1, 2, 3 and 7 Submit:      Indicate:      Year      Month      Day <div><div>z a birth certificate</div><div>z date of birth</div><div></div></div><div>z 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.</div><div>z proof of the dates of your entry into and your departure from Canada (passports, visas, ship or airline tickets, etc.)</div></div>			
B. BENEFITS BASED ON CONTRIBUTIONS PAID TO THE CANADA PENSION PLAN SINCE JANUARY 1966:			Verified by:
<div><input type="checkbox"/> Retirement Pension Complete: Sections 1, 2, 4 and 7 Submit:      Indicate:      Year      Month      Day <div><div>z a birth certificate</div><div>z date of birth</div><div></div></div></div>			
<div><div><input type="checkbox"/> Survivor's Pension Complete: Sections 1, 2, 5, 6 (if necessary) and 7 Submit*:      Indicate:      Year      Month      Day <div><div>z a death certificate</div><div>z date of death</div><div></div></div><div>z a birth certificate for the deceased contributor      z date of birth of the deceased contributor      Year      Month      Day <div></div></div><div>z a birth certificate for the survivor and each dependent child      z date of birth of the survivor      Year      Month      Day <div></div></div><div>z a marriage certificate      z date of marriage      Year      Month      Day <div></div></div></div></div>			
* If applying for a Death Benefit only, submit the contributor's death and birth 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.			



Canadian Social Insurance Number

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 Hungary.

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

☐ Common-law

☐ Separated

☐ Divorced

☐ Surviving spouse or common-law partner

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)

16.

Are you considered a resident of Canada for tax purposes?

☐ Yes

|

No

If no, is your net world income for the year 2008 less than \$64,718 in Canadian dollars?

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Yes

|

No

(See the guide for more information)

Canadian Social Insurance Number					
SECTION 4 - TO BE COMPLETED WHEN APPLYING FOR A CANADA PENSION PLAN RETIREMENT PENSION (Otherwise, proceed to SECTION 5)					
17A. When do you wish your retirement pension to begin?  Year      Month             OR <input type="checkbox"/> earliest month eligible		17B. If you are age 60 to 64 and contributing to the Canada Pension Plan, have you or will you have ceased or substantially ceased working prior to the date indicated in 17A?  <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", when did you or will you cease or substantially cease working?  Year      Month 	

SECTION 5 - TO BE COMPLETED WHEN APPLYING FOR A SURVIVOR'S PENSION OR A DEATH BENEFIT (Otherwise, proceed to SECTION 6)					
A. GENERAL INFORMATION ABOUT THE APPLICANT					
18. Given Name		Family Name		Family Name at Birth	
19. Address (No. and Street, Apt. No.)			20. Mailing Address: <input type="checkbox"/> Same as in question 19 or		
Postal Code		City, Town or Village		Country	
21. Applicant's relationship to the deceased contributor 					
22. Is there an executor, administrator or legal representative of the estate of the deceased contributor?  <input type="checkbox"/> Yes      If "Yes", indicate whether <input type="checkbox"/> Same as in questions 18 and 19 or <input type="checkbox"/> No <input type="checkbox"/> As shown below  Given Name      Family Name _____ Address (No. and Street, Apt. No.) _____ Postal Code      City, Town or Village      Country					
B. INFORMATION ABOUT THE SURVIVOR					
23. Social Insurance Number in Canada 		24. Given Name <input type="checkbox"/> Same as in question 18 or		Family Name <input type="checkbox"/> Same as in question 18 or	
				Family Name at Birth <input type="checkbox"/> Same as in question 18 or	
25. Are you disabled?  <input type="checkbox"/> Yes <input type="checkbox"/> No		26. At the time of the contributor's death, were you residing with him or her?  <input type="checkbox"/> Yes <input type="checkbox"/> No		27. At the time of the contributor's death, were you married to him or her?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. If you were under age 45 at the time of the contributor's death, indicate if you were maintaining:  a) a child of the contributor under age 18. If the child was not in your custody and control, please explain the circumstances on a separate sheet of paper. <input type="checkbox"/> <input type="checkbox"/>  b) a disabled child of the contributor age 18 or over. <input type="checkbox"/> <input type="checkbox"/>  c) a child of the contributor age 18 to 25 in full-time attendance at school or university. If "Yes", please indicate on a separate sheet of paper the child's name and birth date and the name of the school or university he or she is attending. <input type="checkbox"/> <input type="checkbox"/>					
29. If "Yes" to any of the questions in 28, have you maintained the child from the time of the contributor's death to the present?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

