



DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT AFTER THE START OF FIRST DAY OF CLASS

1. Contributor's Social Insurance Number	Contributor's Given Name and Initial	Family Name
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2. Your Social Insurance Number	Preferred Language	Your Given Name and Initial	Family Name
	<input type="radio"/> English <input type="radio"/> French		

3. Your Home Address	Home Address (No., Street, Apt. No., R.R.)		City, Town or Village
	Province or Territory	Country	Postal Code

4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt. No., P.O. Box, R.R.)		City, Town or Village
	Province or Territory	Country	Postal Code

5A. Student ID Number	5B. Name of School, University, College, Training Centre, etc.
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6A. Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8) <input type="radio"/> Full Time <input type="radio"/> Evening <input type="radio"/> Other	6B. Number of courses per Term	6C. Enrolled In (Specify Course, Grade or Program)
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7A. Number of hours you are required to attend for course, grade or program. Hours per week	7B. When did your current attendance begin? YYYY MM DD	7C. When will your current attendance end? YYYY MM DD
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8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A if "Evening" or "Other" was selected.

9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in question 1?	<input type="radio"/> Yes <input type="radio"/> No	Social Insurance Number of that Contributor
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10. Payment Information

Direct deposit in Canada: Complete the boxes below with your banking information.

Branch Number (5 digits)	Institution Number (3 digits)	Account Number (maximum of 12 digits)
_____	_____	_____
Name(s) on the account		Telephone number of your financial institution
_____		_____

Direct deposit outside Canada:

For direct deposit outside Canada, please contact us at 1-800-277-9914 from the United States and at 613-957-1954 from all other countries (collect calls accepted). The form and a list of countries where direct deposit service is available can be found at www.directdeposit.gc.ca.

SECTION B - DECLARATION AND SIGNATURE

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

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.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) 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 ESDC 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 ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC 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 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 ESDC PPU 146. 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**. 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 StudentDate of Application
YYYY MM DDTelephone Number
(including area code)**SECTION C - TO BE COMPLETED BY SCHOOL OR UNIVERSITY AFTER THE START OF FIRST DAY OF CLASS**

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:

Additional comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university?

Yes No

Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number

FOR OFFICE USE ONLY

Approved pursuant to Section 59 of the Canada Pension Plan for continuing payment until advised otherwise.

Authorized signature

Date



Service
Canada

Service Canada Offices Canada Pension Plan (CPP) - Declaration of Attendance

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: **613-957-1954** (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

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

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

NEW BRUNSWICK AND QUEBEC

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

ONTARIO

If your parent is receiving a CPP Disability benefit

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

ONTARIO

For postal codes beginning with "L, M or N"

Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"

Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
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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