

Child Rearing Provision Canada Pension Plan

If you are applying for the Child Rearing Provision on your behalf, please provide your Social Insurance Number and name in number 1 and 2 below. If you are applying on behalf of a person who is deceased, please provide the Social Insurance Number and name of the deceased in number 1 and 2 below.

1. Social Insurance Number _____	2. First name, initial and last name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms _____
--	--

3. Information about the children

List all children born after December 31, 1958.

Child's Full Name	Child's SIN	Child's Date of Birth Year/Month/Day	If the child was born outside Canada, tell us the date the child entered Canada Year/Month/Day
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____

Should you need to list more children, use a separate sheet, answer the questions for each additional child, sign the sheet, indicate your (or the deceased's) Social Insurance Number and attach the sheet to this form.

Were you the primary caregiver for these children from birth until age 7? Yes No

If **no**, please list any periods of time where you were not the primary caregiver and provide a reason:

FROM: _____	TO: _____	FROM: _____	TO: _____
Year Month	Year Month	Year Month	Year Month

Reason: _____ Reason: _____

Did you or your spouse or common-law partner receive Family Allowances or
Canada Child Tax Benefits for these children? Yes No

If **yes**, please indicate who received the benefits: You Your spouse or common-law partner

Service Canada delivers Human Resources and Social Development Canada (also known as Human Resources and Skills Development Canada) programs and services for the Government of Canada.

Child Rearing Provision

Canada Pension Plan

Contributor's Social Insurance Number

3. Information about the children (con't)

List any periods of time while the children were under the age of seven and when you **did not** receive Family Allowances or Canada Child Tax Benefits and provide a reason. Do not list periods of time when you were eligible for the Canada Child Tax Benefit, but did not receive it because your family income was too high.

FROM: _____ TO: _____ FROM: _____ TO: _____
Year Month Year Month Year Month Year Month

Reason: _____ Reason: _____

Note: If you did not provide a Social Insurance Number for each child, or if any of the children were born abroad, please refer to the Information sheet under section "Documents required".

4. SIGNATURE

I declare that, to the best of my knowledge, the information on this form is true and complete. I realize that my personal information, or the personal information of the deceased, is governed by the *Privacy Act* and it can be disclosed where authorized under the *Canada Pension Plan*.

X _____ Date _____ () -
Year Month Day Telephone number

If you are completing this form on behalf of someone who is deceased, please provide the following.

Your Name _____ () -
Telephone number

Address _____

5. WAIVER OF RIGHTS TO THE CHILD REARING PROVISION

To be completed only by the person who received Family Allowances payments under the *Family Allowances Act* and wishes to waive all rights to the Child Rearing Provision in favour of the spouse who remained at home and was the primary caregiver for the child(ren).

I declare that, for the child(ren) indicated in Section 3, I have not and will not make any claims for the Child Rearing Provision for the period(s) accredited to my spouse.

Name _____

Social Insurance Number _____

SIGNATURE _____ Date _____ Telephone number during the day
X _____ () -
Year Month Day