



APPLICATION FOR DISABILITY BENEFITS

Protected when completed.

HO file No.			
Decision No.			
Date of application	Year	Month	Day

Which official language do you wish to use

in oral communications? English French

in correspondence? English French

Which official language does your spouse/common-law partner wish to use

in oral communications? English French

in correspondence? English French

Representative: _____

A - INFORMATION ABOUT APPLICANT

Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Other <input type="radio"/> Specify: _____			
Family name		Given name(s)	
Are you an employee of Veterans Affairs? Yes <input type="radio"/> No <input type="radio"/>			
Service number(s)		Date of Enlistment/Enrolment	
		Year Month Day	
Service types (e.g. WWII, SDA, Reg. Forces, RCMP)			
Date of discharge		Place of discharge	
Year Month Day			
Residence address		Mailing address (if different)	
Province/State		Province/State	
Country		Country	
Postal/Zip Code		Postal/Zip Code	
Home telephone No.		Business or alternate telephone No.	
Area code		Area code Extension	
Date of birth	Maiden name (if applicable)	Alias(es)	
Year Month Day			

Information about applicant ...continued

Protected when completed.

Family name	Given name(s)	File No.
<p>Marital status</p> <p>Married <input type="radio"/> Single <input type="radio"/> Common-law <input type="radio"/></p> <p>Separated <input type="radio"/> Divorced <input type="radio"/> Widow(er) <input type="radio"/></p>		
<p>If married, are you currently living with your spouse? Yes <input type="radio"/> No <input type="radio"/></p> <p>If no, please provide reason _____</p>		
<p>If in a common-law relationship, have you lived together continually for the past year? Yes <input type="radio"/> No <input type="radio"/></p> <p>If no, please provide reason _____</p>		
<p>Full name of spouse/common-law partner</p> <p>Maiden name (if applicable) _____</p>		
<p>Date of birth of spouse/ common-law partner</p> <p style="text-align: right; margin-right: 20px;">Year Month Day</p>	<p>Date of marriage or date common-law relationship began</p> <p style="text-align: right; margin-right: 20px;">Year Month Day</p>	
<p>Has your spouse/common-law partner ever applied for a disability or survivor benefits from the Department of Veterans Affairs? Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, provide: ▶ File No. _____ Service No. _____</p>		

Information about your dependent children

Full name	Relationship	Date of birth			Attending school? Check one (✓)		*	Name and address of person with whom child lives if other than applicant
		Year	Month	Day	Yes	No		

* Please check if child is disabled.

B- APPLICANT'S STATEMENT

Protected when completed.

Family name	Given name(s)	File No.
-------------	---------------	----------

Disability being claimed	Have you ever received, are you in receipt of and/or are you making application for other compensation (e.g. Worker's Compensation; Third Party Liability) in respect of the claimed disability? Please attach additional details if applicable.	Yes <input type="radio"/> No <input type="radio"/>
--------------------------	---	---

How is the claimed condition related to service? (Give details of relevant illness/injuries during service, including dates and circumstances, as well as medical treatment received.) Please provide listing of military occupation codes (MOCs), duties and time spent in each occupation, if available.

Describe how you have coped with the claimed condition since your injury/illness. Have you had any medical attention for this condition? When and where was this medical attention received?

What effect has this claimed condition had on your everyday activities?

Name and address of physician(s)/consultant(s) seen for this condition from whom information can be obtained.

Family name	Given name(s)	File No.
-------------	---------------	----------

C - DECLARATION

The information you provide on this form is collected under the authority of the *Pension Act* or the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* for the purpose of administering disability benefits. Provision of the information is voluntary. Failure to complete any part of this application or submitting an incomplete application may result in delays.

The information provided on this application is confidential and is for internal VAC use only. All personal information collected and used for the purpose of administering this program is protected from unauthorized disclosure by the *Privacy Act*. You have a right of access to your own personal information. You also have the right to review your information and ask for corrections or add notations.

For further information on the above, you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9 and by quoting Personal Information Bank number VAC PPU 055 and/or VAC PPU 560.

If you are a still-serving Canadian Forces member, all your health benefits must be obtained through the Canadian Forces. If you are awarded a disability benefit, certain limited information will be shared with the medical authorities of the Canadian Forces to enable them to fully assess and respond to your health needs. The information that will be shared is limited to your medical pension code, medical disability description, effective date, name, and service number.

Canadian Forces members, please pay particular attention to the "Canadian Forces - Important Notice" on the accompanying General Information insert.

Anyone who knowingly makes a false or misleading statement in an application is guilty of an offense.

I declare that the information provided here is, to the best of my knowledge, true and complete and knowing that it is of the same force and effect as if made under oath.

X

_____ Applicant's signature

_____ Date

For Office Use Only

Pension Officer's name	District	Telephone No. - -
Signature		Date



Protected when completed.

AUTHORITY TO RELEASE MEDICAL/SERVICE INFORMATION

HO File No.

Service No(s).

Family Name	Given Name(s)	Date of birth (y-m-d)
-------------	---------------	-----------------------

Address

Name of doctor, hospital and/or institution

Address

I hereby give permission for a representative of the Department of Veterans Affairs to have access to any records you may have on the above-noted file, as well as any special treatment record.

The information you provide on this form is collected under the authority of the *Pension Act* and/or the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* for the purpose of administering disability benefits. Provision of the information is voluntary.

The information provided on this application is confidential and is for internal VAC use only. All personal information collected and used for the purpose of administering this program is protected from unauthorized disclosure by the *Privacy Act*. You have a right of access to your own personal information. You also have the right to review your information and ask for corrections or add notations.

For further information on the above, you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9 and by quoting Personal Information Bank number VAC PPU 560.

Client/applicant's signature	Date	Home telephone No. <small>Area code</small>
		Business telephone No. <small>Area code</small> <small>Extension</small>



GENERAL INFORMATION

The Department of Veterans Affairs rules on disability pension entitlement under the provisions of the *Pension Act* or disability awards/Death Benefit under the *Canadian Forces Members Veterans Re-establishment and Compensation Act* which came into force on April 1, 2006. These Acts are the legislation under which disability entitlement is granted for disability or death related to military service. The Department also rules on disability pension claims under the *Civilian War-related Benefits Act* and the *Royal Canadian Mounted Police Superannuation Act*.

Each Act provides that a relationship between a medical condition and service must be established before disability entitlement can be granted. Once entitlement has been established, it is then necessary for the Department to assess the disability resulting from the condition. The amount of pension or award must be based on the extent of disability suffered from the entitled conditions, as verified by medical examination, and paid in accordance with rates set out in the applicable Act.

The extent of disability is expressed as a percentage which may range from 0% to 100%. A disability assessed from 1% to 4% results in a settlement of a single payment. A disability assessed at 5% or higher, however, results in the payment of a monthly pension if the entitlement is granted under the *Pension Act* or a lump sum award if the entitlement is granted under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*.

For conditions granted under the *Pension Act*, additional pension may be payable on behalf of qualified dependants, i.e. spouse and children, if they are living with or being maintained by the pensioner. For additional pension to be paid on behalf of a common-law partner, the pensioner must have resided with that person for at least one year. No additional pension can be paid during that first one-year period.

There is no provision for an additional disability award for dependants under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* while the Member or Veteran is alive.

Monies granted for disability are paid as a matter of right. Other compensation income (e.g. Worker's Compensation, Third Party Liability Claim, or a similar source) received in respect of a disability or death for which a disability pension, disability award or death benefit is awarded, may affect the monies payable. An applicant must report this information.

Amounts are adjusted on January 1st, of each year to compensate for inflation. They are paid in Canadian dollars and neither the sex of the client nor the rank held while in service has an effect on the amount of monies paid. Disability pension or disability awards are not subject to income tax.

ELIGIBILITY REQUIREMENTS

Service

An applicant should be able to provide details of service, i.e. dates of service and service number(s). Please note that if an applicant does not have this information, the Department is responsible for obtaining any necessary service documents and/or confirmation of service for all applicants.

WORLD WAR I, WORLD WAR II AND KOREAN WAR VETERANS

Applications for injuries or illness arising out of service during one of these three conflicts will still be made under the *Pension Act*.

CANADIAN FORCE MEMBERS

Important Notice

The *Canadian Forces Members and Veterans Re-establishment and Compensation Act* and accompanying Regulations came into force on April 1, 2006.

This legislation affects Canadian Forces members and Veterans who served after April 1, 1947, (except for Korean War service during the period July 5, 1950, to October 31, 1953, inclusive).

On April 1, 2006, this new legislation came into force and the *Pension Act* was closed to new applications from post wartime service applicants, except in unique circumstances. Applications for disability submitted on or after April 1, 2006, will be ruled under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*.

CANADIAN FORCE MEMBERS (continued)

Canadian Forces Members and Veterans who served after April 1, 1947, (except for Korean War service during the period July 5, 1950, to October 31, 1953, inclusive) and who wanted to apply under the *Pension Act* must have submitted a signed application prior to April 1, 2006, in order to have their claims ruled under the *Pension Act*.

Please note the following two important points:

- (i) All signed disability applications received or postmarked prior to April 1, 2006 will be considered under the *Pension Act*.
- (ii) Any disability applications under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, for new conditions, have to be signed and submitted on or after the coming into force date of the new Act, which was April 1, 2006.

Please note, if you have received a formal decision from the Department on your application under the *Pension Act*, your rights under this Act are automatically protected for that condition. Any redress for that condition will, therefore, be handled under the *Pension Act* or the *Veterans Review and Appeal Board Act*.

ROYAL CANADIAN MOUNTED POLICE (RCMP)

Disability pensions under the *Pension Act* may also be paid to members or former members of the Royal Canadian Mounted Police (RCMP), both Regular and Civilian, who are suffering from disability or disease directly related to RCMP service or attributable to service in Special Duty Service or the Second World War.

ALLIED FORCES

Veterans of Allied Forces may be entitled to benefits if they meet the domicile requirements. For more information on these requirements, please contact Veterans Affairs Canada.

MERCHANT NAVY

High-seas merchant mariners, including those who served on ocean-going Canadian registered ships engaged in home or foreign trade and Canadians who served on equivalent Allied ships are eligible for pension benefits under the *Pension Act* for service-related disabilities. Merchant mariners who served on Canadian registered ships in dangerous waters during the Korean War may also be eligible for pension benefits.

SURVIVING DEPENDANTS

Survivors and dependant children may apply for survivor benefits if the deceased member of the forces was or should have been in receipt of a disability pension under the *Pension Act*, or a disability award under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* at the time of death. For more information on survivor benefits, please contact Veterans Affairs Canada.

CIVILIANS

Members of the following groups who suffered injury as the result of action or counteraction against the enemy during the Second World War may also apply for pension benefits under the *Civilian War-related Benefits Act*.

CIVILIANS (continued)

- Canadian Merchant Seamen and Salt Water Fishermen
- Auxiliary Services Personnel
- Corps of (Civilian) Canadian Fire Fighters for Service in the United Kingdom
- Royal Canadian Mounted Police
- Royal Canadian Mounted Police (Special Constables)
- Air Raid Precaution Workers
- Personnel receiving remedial treatment while serving under the *National Resources Mobilization Act*
- Members of the Voluntary Aid Detachment
- Overseas Welfare Workers
- Canadian Civilian Air Crew of the Royal Air Force Transport Command

ASSISTANCE

Free assistance in preparing and submitting an application for disability benefits is available by contacting the Veterans Affairs Canada National Contact Centre Network toll-free at 1-866-522-2122 (English) or 1-866-522-2022 (French). Some Veterans' organizations such as the Royal Canadian Legion, the War Amputations of Canada and the Army, Navy and Air Force Veterans in Canada provide a similar service. An applicant may also retain a private solicitor, but at his or her own expense.

An applicant who resides outside Canada should contact the Foreign Countries Operations Office of Veterans Affairs Canada for assistance.

Additional information is available on our Web site at www.vac-acc.gc.ca.



AUTHORITY TO RELEASE INFORMATION - COMPENSATION

Protected when completed.

File No.:	Service No.:	Date of Birth: (yyyy-mm-dd)
-----------	--------------	-----------------------------

Family name:	Given name(s):
--------------	----------------

I hereby give permission for a representative of Veterans Affairs Canada to have access to any information regarding compensation the above-noted person receives (or has received) from:

Reference No.: _____

The information you provide on this form is collected under the authority of the *Pension Act* and/or the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* for the purpose of administering benefits. Provision of the information is voluntary. Failure to complete any part of this form or submitting an incomplete form may result in delays.

All personal information collected and used is protected from unauthorized disclosure by the *Privacy Act*. The *Privacy Act* provides you with a right to access your own personal information which is under the control of the Department. The *Privacy Act* also affords you the right to challenge the accuracy and completeness of your personal information and have it amended as appropriate.

You may request a copy of this completed form by writing to the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please quote Personal Information Bank No. VAC PPU 055 and/or VAC PPU 560 of the Government of Canada Info Source publication.

Client/Applicant's signature:	Date:
Home Telephone No.:	Other Telephone No.: