



# NOTICE OF APPEAL to the SOCIAL SECURITY TRIBUNAL (SST) - GENERAL DIVISION

for individuals seeking to appeal the reconsideration decision made by Human Resources and Skills Development Canada (HRSDC) regarding their **Canada Pension Plan (CPP)** Pension/Benefit

## INSTRUCTIONS FOR SUBMITTING AN APPEAL

Disponible également en français

### BEFORE YOU SUBMIT AN APPEAL

**You must complete ALL mandatory (required) fields.**

- The appeal will not be considered filed until all mandatory information has been provided.
- Appellants are encouraged to use the interactive (electronic) versions of the Notice of Appeal forms. The interactive version of the Notice of Appeal form automatically highlights the mandatory fields.

Note: HRSDC may also be referred to as Service Canada.

### 1 - APPELLANT INFORMATION (PAGE 3)

Section 1 is to be completed using the Appellant's personal and contact information.

The following fields, in Section 1, are mandatory:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> First Name                     | <input type="checkbox"/> City                     | <input type="checkbox"/> Fax Number (if applicable)    |
| <input type="checkbox"/> Last Name                      | <input type="checkbox"/> Province/Territory/State | <input type="checkbox"/> Email Address (if applicable) |
| <input type="checkbox"/> Social Insurance Number (SIN)* | <input type="checkbox"/> Postal/ZIP Code          |  |
| <input type="checkbox"/> Address                        | <input type="checkbox"/> Telephone Number         |  |

\* If the appeal concerns a Survivor, Orphan, Death, or Disabled Contributor's Child Benefit, include the Contributor's SIN.

### 2 - DECISION UNDER APPEAL (PAGE 4)

Section 2 is to be completed using information about the reconsideration decision and the reason(s) for the appeal.

If you need more space, continue on a separate sheet. Clearly indicate the question number on the separate sheet.

The following fields, in Section 2, are mandatory:

- 2(A) Date you received the reconsideration decision from HRSDC
- 2(C) Reason(s) for the Appeal - Tell us why you are appealing the reconsideration decision

Your appeal must be received by the SST within 90 days of the date that you received the reconsideration decision (including mail time).

If the appeal is being made late (more than 90 days after receipt of the reconsideration decision), you must complete Section 2(B), Reason(s) for Late Appeal, and address the following criteria:

- |   |  |
|---|--|
| <input type="checkbox"/> Reasonable explanation for the delay | <input type="checkbox"/> Prejudice to HRSDC or (other party if applicable) |
| <input type="checkbox"/> Continuing intent to appeal          | <input type="checkbox"/> Any other reason                                  |
| <input type="checkbox"/> Existence of an arguable case        |  |

Space has been provided in 2(D) to record any additional documentation submitted in support of the appeal.

### 3 - REPRESENTATIVE INFORMATION (PAGE 5)

Section 3 is to be completed based on whether the Appellant is represented.

The following fields, in Section 3, are mandatory:

- Fill the appropriate circle based on whether the Appellant has a Representative. Only fill one circle.

If the Appellant has a Representative (i.e. "I have a Representative" was filled), an Authorization to Disclose form must be submitted with this Notice of Appeal and the following fields are mandatory:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Representative's First Name | <input type="checkbox"/> City                     | <input type="checkbox"/> Telephone Number              |
| <input type="checkbox"/> Representative's Last Name  | <input type="checkbox"/> Province/Territory/State | <input type="checkbox"/> Fax Number (if applicable)    |
| <input type="checkbox"/> Representative's Address    | <input type="checkbox"/> Postal/ZIP Code          | <input type="checkbox"/> Email Address (if applicable) |

#### 4 - DECLARATION AND SIGNATURE (PAGE 5)

If the *form was completed by the Appellant*, the following fields, in Section 4, are mandatory:

- Signature of the Appellant (Must be signed by the Appellant to be accepted)  Date Signed by the Appellant

If the *form was completed by a Witness*, the following fields, in Section 4, are mandatory:

- Name of Witness  Witness' Address  Postal/ZIP Code  
 Signature of the Witness  City  Telephone Number  
 Date Signed by Witness  Province/Territory/State

If the *Appellant is Represented* ("I have a Representative" was selected in Section 3), a signature from the Appellant is not required. The following fields, in Section 4, are mandatory:

- Signature of the Representative  Date Signed by Representative

#### ATTACHMENTS - The following documents must be attached to your printed Notice of Appeal form:

- A copy of the reconsideration decision that you are appealing.  
 Any documents that you consider will help to support and/or explain your case.  
 *If you have a representative*, attach an Authorization to Disclose signed by both yourself and your representative.  
- The Authorization to Disclose form can be found under Forms on the SST website.

#### MAILING INSTRUCTIONS

- Mail this Notice of Appeal and attachments to:

**Social Security Tribunal**  
**Attention: General Division (IS)**  
**PO Box 9812 STN T CSC**  
**Ottawa, ON**  
**K1G 6S3**

#### CONTACT INFORMATION

Need help completing the forms? The SST hours of operation are 07:00 to 20:00 (EST).

Internet : [www.canada.gc.ca/sst-tss](http://www.canada.gc.ca/sst-tss)

E-Mail : [info.sst-tss@canada.gc.ca](mailto:info.sst-tss@canada.gc.ca)

Telephone: 1-877-227-8577

Fax: 1-855-814-4117

TTY: 1-800-465-7735

#### REMINDERS

As per s. 6 of the *Social Security Tribunal Regulations*: "A party must file with the Tribunal a notice of any change in their contact information without delay." Failure to do so could have a detrimental impact on your appeal.

Notify the SST if you authorize a Representative after submitting this Notice of Appeal.

Keep a copy of this Notice of Appeal and supporting documents for your records.

#### PROTECTION OF PERSONAL INFORMATION

The information you provide is collected under the authority of the *Department of Human Resources and Skills Development Act* and the *Canada Pension Plan* to file a Notice of Appeal.

The Social Insurance Number (SIN) is collected under the authority of the *Department of Human Resources and Skills Development Act* and the *Social Security Tribunal Regulations* and in accordance with the Treasury Board Secretariat Directive on the SIN. The SIN will be used as a file identifier.

Participation is voluntary. Refusal to provide the specified personal information may prevent the appeal from being properly filed.

The information you provide will be shared with all the parties to the appeal including HRSDC and may also be shared with HRSDC for the purpose of reporting.

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 HRSDC 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.

Your personal information is administered in accordance with the *Department of Human Resources and Skills Development Act*, the *Canada Pension Plan*, and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank(s) under development. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>.

Info Source may also be accessed on-line at any Service Canada Centre.



# NOTICE OF APPEAL - GENERAL DIVISION INCOME SECURITY SECTION - CANADA PENSION PLAN

<b>FOR OFFICE USE ONLY</b> Date Stamp
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1 - APPELLANT INFORMATION		
CONTACT FOR THE PURPOSE OF THIS APPEAL <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other		Correspondence Language
First Name	Last Name	<input type="radio"/> English <input type="radio"/> French
<b>Appellant's Social Insurance Number</b>	<b>Contributor's Social Insurance Number (if applicable)</b> See: Page 1 Instructions	
<b>CURRENT HOME ADDRESS</b>		
Address (No., Street, Apt., R.R.)		City
Province / Territory / State	Country	Postal / Zip Code
<b>MAILING ADDRESS if different from home address</b>		
Address (No., Street, Apt., R.R.)		City
Province / Territory / State	Country	Postal / Zip Code
<b>ADDITIONAL CONTACT INFORMATION</b>		
Telephone Number		Other Telephone Number
Do you (the Appellant) have a fax number? If yes, you must provide it. <input type="radio"/> No <input type="radio"/> Yes (specify)    Fax Number:		
Do you (the Appellant) have an email address? If yes, you must provide it. <input type="radio"/> No <input type="radio"/> Yes (specify)    Email Address		
Best Time to Communicate (SST Regular Hours of Operation: 07:00 - 20:00EST)		Time Zone
From:	To:	

Social Insurance Number

**2 - DECISION UNDER APPEAL**

If you need more space, continue on a separate sheet. Clearly indicate the question number on the separate sheet.

**A) RECONSIDERATION DECISION INFORMATION**

Date you Received the Reconsideration Decision  
from HRSDC  
Year Month Day

**If you are appealing more than 90 days after receiving the reconsideration decision**, please explain the reasons for the delay in 2 (B). If not skip to 2 (C)

**B) REASON(S) FOR LATE APPEAL - I did not appeal within the 90 days period because:**

**C) REASON(S) FOR APPEAL - I believe the reconsideration decision is incorrect or should be changed because:**

**D) Attach any documents you may have to support your case and list them below.**

Document Description (i.e., Medical Report, Employment Document, etc.)	From	Date Year Month Day	# of Pages

Social Insurance Number

### 3 - REPRESENTATIVE INFORMATION

I will represent myself

I have a representative

If you answered "I have a representative", complete the fields below and the Authorization to Disclose form.

Representative's First Name	Representative's Last Name	Name of Company, Association, or Organization
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Representative's Address (No., Street, Apt., R.R)	Suite / Unit Number
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City	Province / Territory / State	Country
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Postal / Zip Code	Telephone Number	Other Telephone Number
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Does your Representative have a fax number? If yes, you must provide it.

No  Yes (specify) Fax Number:

Does your Representative have an email address? If yes, you must provide it.

No  Yes (specify) Email Address

### 4- DECLARATION AND SIGNATURE

#### PART 1 -TO BE COMPLETED if you do not have a Representative

I hereby appeal the denial of my Canada Pension Plan pension/benefit and declare that to the best of my knowledge and belief, all of the information in this Notice of Appeal is true and complete.

Signature of the Appellant	Year Month Day
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#### PART 2 -TO BE COMPLETED BY A WITNESS IF THE APPELLANT COULD NOT COMPLETE THE FORM

I have completed and have read the contents of this Notice of Appeal form to the Appellant, who made his/her mark, under *Signature of the Appellant* in Part 1, in my presence.

Name of the Witness (print)	Signature of the Witness	Year Month Day
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Witness' Address (No., Street, Apt., R.R)	City
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Province / Territory / State	Country	Postal / Zip Code	Telephone Number
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#### PART 3 -TO BE COMPLETED BY A REPRESENTATIVE OF APPELLANT if applicable

I hereby appeal the denial of a Canada Pension Plan pension/benefit on behalf of the Appellant and declare that to best of my knowledge and belief, all of the information in this Notice of Appeal is true and complete.

Note: If you are representing an Appellant, complete and submit a signed Authorization to Disclose with this notice of appeal form. The Appellant must sign the Authorization to Disclose.

Signature of the Representative	Year Month Day
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