

DR Pensions Consulting Information Sheet For Full CPP Audit Purposes

Please complete this form along with the Consent to Communicate Information form (CPP (SC ISP-1603)) in order for DR Pensions Consulting to conduct a full CPP audit. The following information will be compared with the information that Service Canada has used to make current and past CPP eligibility and entitlement decisions, and in order to identify any underpayments.

First name:	Initial:	Last name:
Date of birth (yyyy/mm/dd):		
Telephone:	E-mail address:	

What CPP benefit(s) are you currently receiving? Mark an X in the box to the left of any benefits you are receiving and enter the start date, initial amount and current amounts.

(X)	Benefit type	Start date (yyyy/mm/dd)	Initial amount	Current amount
<input type="checkbox"/>	Retirement pension			
<input type="checkbox"/>	Disability benefit			
<input type="checkbox"/>	Survivor's benefit			

What CPP benefit(s) have you received in the past? Mark an X in the box to the left of any benefits you received in the past and enter the start date, end date, and final amounts.

(X)	Benefit type	Start date (yyyy/mm/dd)	End date (yyyy/mm/dd)	Final amount
<input type="checkbox"/>	Retirement pension			
<input type="checkbox"/>	Disability benefit			
<input type="checkbox"/>	Survivor's benefit			

If you are currently receiving or previously received a CPP Survivor's benefit, please provide the name and S.I.N. of the deceased person:

First name of deceased person:	Initial:	Last name:
S.I.N. of deceased person		

If you have ever had any legal or common-law spouse(s) since 1966, please provide the following details about the relationship (starting from your current or most recent spouse):

Name of spouse	S.I.N. (if known)	Date started living together (yyyy/mm/dd)	Date ceased living together (yyyy/mm/dd)	Status (ongoing, separated, divorced)

If you have ever been the primary caregiver for a child under age 7, please provide the following details:

Name of child	S.I.N. (if known)	Date of birth (yyyy/mm/dd)	Date started as primary caregiver (yyyy/mm/dd)	Date ceased as primary caregiver (yyyy/mm/dd)

Complete this form and the Consent to Communicate Information form (SC ISP 1603) and mail with a cheque (\$90.00) to:

DR Pensions Consulting
P.O. Box 122
Union Bay, B.C.
V0R 3B0