



Request for Reconsideration of an Old Age Security Decision

If you disagree with Service Canada's decision on your Old Age Security (OAS) benefits you can ask us to reconsider. This form is intended for individuals who wish to request a reconsideration for any of the following OAS benefits:

- Old Age Security Pension
- Allowance for the Survivor
- Guaranteed Income Supplement
- Allowance

Instructions – please read carefully

Please read this form carefully and complete all relevant sections. If you need more space, add separate pages. If you can't fill out the form by yourself, you can ask someone to do it for you (**see Section 6**).

You (the applicant) must:

Write/type your Social Insurance Number (SIN) or Client Identification Number on every page of this form and on all additional sheets or documents.

Sign the Declaration in Section 5.

If providing new information in support of your reconsideration, send us certified copies rather than original documents (see the attached information sheet (ISP1730) for more information).

Mail your completed form to the return address on the decision letter or submit it in-person at the nearest Service Canada office.

Do not wait: If you are waiting for information, **send us your form now**. You must submit this form as soon as possible. You have **90 days** from the date you received the decision letter from Service Canada to let us know you want a reconsideration.

If you are late sending your form: Under certain circumstances, Service Canada **may** allow you to submit this form after the 90-day limit. If your form is late, you must request an extension and provide an explanation why you are requesting a longer period.

If you have questions or need help, call us:

In Canada or the United States: **1-800-277-9914**

For all other countries: **613-957-1954** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your SIN or Client Identification Number ready when you call.

SIN or Client Identification Number:

PROTECTED B (when completed)

Section 1: Applicant information

Social Insurance Number (SIN) or Client Identification Number		Preferred language <input type="radio"/> English <input type="radio"/> French		FOR OFFICE USE ONLY Date stamp
Optional: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.				
First name		Last name(s)		
Home address (No., Street, Apt., RR)			City/Town	
Province/Territory	Country (if not Canada)	Postal code		
Telephone number		Alternate telephone number		
Mailing address, if different from home address (No., Street, Apt., PO box, RR)				
City/Town	Province/Territory	Country (if not Canada)	Postal code	

Section 2: Information about the decision

Please select the applicable OAS benefit(s) for which you are requesting a reconsideration:

Old Age Security Pension Allowance for the Survivor
 Guaranteed Income Supplement Allowance

Enter the date on the decision letter that you received from Service Canada (top right corner of the letter) (YYYY-MM-DD): _____

IMPORTANT: If you are late sending your form, under certain circumstances, Service Canada **may** allow you to submit this form after the 90-day limit. If your form is late, you must request an extension and provide an explanation why you are requesting a longer period.

Is your request for reconsideration being submitted within 90 days after receipt of the decision letter?
 Yes No

If you respond **No**, please provide an explanation why you are late and the steps you took that show you were always planning to request a reconsideration, in the space below:

Section 3: Information you want us to consider

I want Service Canada to review the decision using:

- information already submitted. **(go to Section 4)**
- information already submitted and new information I am providing today. **(provide the complete details below)**
- information already submitted and new information that I will be providing as soon as I receive it. **(provide the complete details below)**

If you have new documents to support your request, include them with your form. If you are waiting for documents, enter the dates you expect to send them.

DO NOT WAIT: If you are waiting for information, **send us your form now.** The review of your request will start once we receive all the information.

Document type	Document enclosed?	Will send later (estimated date) YYYY-MM-DD
1.	<input type="radio"/> Yes <input type="radio"/> No	
2.	<input type="radio"/> Yes <input type="radio"/> No	
3.	<input type="radio"/> Yes <input type="radio"/> No	

Section 4: Reason for reconsideration

Explain why you disagree with the decision or decisions. It is important you include any additional information which you may not have provided to Service Canada at the time the original decision(s) was made (attach additional pages if required).

Section 5: Declaration and signature

Privacy Notice Statement

Read the following information before you sign your form:

Your personal information is collected under the authority of the *Old Age Security Act* and will be used to determine your benefit eligibility and entitlement. The Social Insurance Number (SIN) is collected under the authority of section 18 of the OAS Regulations, and in accordance with the Treasury Board Secretariat Directive on the SIN, which lists OAS as an authorized user of the SIN. The SIN will be used as a file identifier and to ensure your exact identification so that contributory earnings can be correctly applied to your record to allow benefits and entitlements to be accurately calculated.

Submitting this form 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 request. Your personal information 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 OAS, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes, however, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of the foreign pension program and of the *Old Age Security Act*.

Your personal information is administered in accordance with the *Old Age Security Act*, the *Privacy Act*, the *Department of Employment Social Development Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank Old Age Security Program (ESDC PPU 116). You can ask to see your file by contacting a Service Canada office. Instructions for requesting personal information are provided in the government publication entitled *Info Source*, which is available at the following web site address: www.canada.ca/infosource-ESDC. *Info Source* may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern.

Declaration

By signing below, I confirm that I want Service Canada to reconsider its decision regarding OAS benefits. I declare to the best of my knowledge, all the information I have provided is true and complete.

Signature of applicant / authorized representative	Date (YYYY-MM-DD)
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To be completed by a witness only if the applicant signs with a mark (e.g. X)

I read the contents of this form to the applicant. The applicant appeared to fully understand its contents and made their mark in my presence.

First name of witness (print)	Middle name	Last name	Telephone number
Signature of witness			Date (YYYY-MM-DD)

If someone other than your authorized representative is signing for you, they must complete **Section 6**.

Note: Authorized representatives can include the applicant's lawyer or legal representative, executor or guardian, a public trustee, curator, committee, or someone who holds power of attorney. If you are an authorized representative and you have not already submitted written proof that you are allowed to represent the applicant, please include it with this form.

SIN or Client Identification Number:

PROTECTED B (when completed)

Section 6: Information about the requestor

To be completed if you are requesting a reconsideration on behalf of the applicant who cannot sign the form.

By signing this form you are confirming that the applicant wants Service Canada to reconsider its decision regarding OAS benefits and that to the best of your knowledge, all of the information in this document is true and complete.

First name of requestor (print)	Middle name	Last name	Telephone number
Signature of requestor			Date (YYYY-MM-DD)

Note: We cannot release information to anyone but the applicant or their authorized representative. Privacy legislation ensures that no information regarding an applicant can be released to another person unless the applicant has given permission in writing.



How to Certify Photocopies for the Canada Pension Plan and Old Age Security

Please send certified true photocopies rather than original documents

Whenever submitting documents to Service Canada, please send certified true photocopies rather than the original documents. If you must send your original documents, we suggest you send them by registered mail. We will return the original documents to you.

We can only accept a photocopy of an original document if it is readable and if you have someone certify that it is a true copy of the original.

How to get a certified true photocopy of an original document

Documents can be certified by Service Canada staff free of charge at any Service Canada Centre. If you cannot visit a Service Canada Centre, you can ask a member of one of the following professions to certify your photocopy:

- accountant
- chief of First Nations band
- commissioner for oaths
- employee of a Service Canada Centre acting in an official capacity
- funeral director
- justice of the peace
- lawyer, magistrate, notary
- manager of a financial institution
- medical and health practitioner: chiropractor, dentist, doctor, naturopathic doctor, nurse practitioner, ophthalmologist, optometrist, pharmacist, psychologist, registered nurse
- member of parliament or their staff
- member of a provincial legislature or their staff
- minister of religion
- municipal clerk
- official of a federal or provincial government department, or one of its agencies
- official of an embassy, consulate or high commission
- official of a country with which Canada has a reciprocal social security agreement
- police officer
- professional engineer
- social worker
- teacher
- university professor

Note: You cannot certify photocopies of your own documents and you cannot ask a relative to do it for you.

The person certifying the document(s) must:

- compare the original document to the photocopy;
- state their official position or title and sign and print their name;
- provide their telephone number;
- write the date they certified the document; and
- write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

Note: If your photocopy is missing any of the above elements, it will not be accepted and you will have to submit a new, properly certified photocopy. This could result in delays in processing your application.

If the document has information on more than one page, photocopy all pages. The person you ask to certify your photocopies can either certify each page, or only the first page as long as they indicate and attest to the total number of pages in the document, including any pages that are blank.

Please write your Social Insurance Number on any document or photocopy that you send to Service Canada.