



Application for the Guaranteed Income Supplement

People who receive the Old Age Security (OAS) pension and live in Canada, may also be eligible for the Guaranteed Income Supplement (GIS), a non-taxable amount added to your monthly OAS pension. The GIS amount depends on your marital status and net annual income or, in the case of a couple, the combined net annual income.

When you apply for the GIS, Service Canada will obtain your income information from the Canada Revenue Agency to determine if you are eligible. Even if you do not immediately qualify for the GIS, we will review your income information every year and you will be automatically paid a GIS benefit if you become entitled, as long as you file your income tax return annually with the CRA. There is no disadvantage to applying.

Section A Personal information			
A1 Social Insurance Number		A2 Preferred language <input type="radio"/> English <input type="radio"/> French	
A3 <i>Optional</i> <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		A4 First name Middle name Last name(s)	
A5 Date of birth (YYYY-MM-DD)		Last name at birth (if different from above)	
A6 Home address (number, street, apt., R.R.)			
City/Town		Province/Territory	Country
Telephone number		Alternate telephone number	
Postal code			

Section B Applying for the Guaranteed Income Supplement

Residence

B1 Have you lived in Canada for the last two years? <input type="radio"/> Yes Go to question B2. <input type="radio"/> No List all of the countries, including Canada, where you have lived in the last two years. If you need more space, use a separate sheet of paper.		
From YYYY-MM-DD	To YYYY-MM-DD	Country

Income

The GIS amount is normally based on your income in the previous calendar year. If your income drops due to retirement from employment or self-employment or from your pension income ending or decreasing, your GIS may be calculated based on an estimate of your current employment and pension income. This may increase the amount of your GIS benefit.

B2 Did you retire from work in the last two years, or do you expect to retire in the next two years?

Yes If yes, indicate date of retirement: (YYYY-MM) _____

No

B3 Has your pension income been reduced in the last two years, or do you expect it will be reduced in the next two years?

Yes If yes, indicate date of reduction: (YYYY-MM) _____

No

Foreign income

B4 Each year, you must report to Service Canada any income received from another country in the currency in which it is paid. You must report the entire amount of your foreign income even if it is not paid in Canada or if it is not taxable in Canada. Foreign income includes income from wages, employer pensions, social security benefits, dividends, investments and rental income received from another country.

Do you receive income from another country?

Yes If yes, indicate type of income and the amount you receive annually in the currency that it is paid. Please ensure you specify the currency.

No _____

Marital status

B5 Indicate your current marital status:

Single Married Common-law Widowed as of (YYYY-MM): _____

Separated as of (YYYY-MM): _____ Divorced as of (YYYY-MM): _____

Information about your spouse/common-law partner

B6 If you do not have a spouse or common-law partner, go to Section C. If you have a spouse or common-law partner, all questions in this section must be completed. This application will also allow your spouse or common-law partner to apply for the GIS.

<i>Optional</i> <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss		First name	Middle name	Last name(s)
Social Insurance Number	Date of birth (YYYY-MM-DD)	Date of marriage or common-law union (YYYY-MM-DD)		
Home address if different than your address (number, street, apt., R.R.)				
City/Town	Province/Territory	Country	Postal code	

B7 Has your spouse or common-law partner lived in Canada for the last two years?

Yes Go to question B8.

No List all of the countries, including Canada where your spouse/common-law partner has lived in the last two years.

From YYYY-MM-DD	To YYYY-MM-DD	Country

B8 Did your spouse/common-law partner retire from work in the last two years, or does your spouse/common-law partner expect to retire in the next two years?

Yes If yes, indicate date of retirement: (YYYY-MM) _____

No

B9 Has your spouse/common-law partner's pension income been reduced in the last two years, or will it be reduced in the next two years?

Yes If yes, indicate date of reduction: (YYYY-MM) _____

No

B10 Does your spouse/common-law partner receive income from another country?

Yes If yes, indicate type of income and the amount you receive annually in the currency that it is paid. Please ensure you specify the currency.

No

Section C Declaration and signature

C1 Declaration and signature of applicant

I declare that the information on this application is true and complete. I also declare that I have read and agree to the terms and conditions outlined in Section D.

Signature of applicant

Date (YYYY-MM-DD) _____


C2 Declaration and signature of spouse/common-law partner (if applicable)

I, the spouse/common-law partner of the applicant, declare that the information on this application is true and complete. I also declare that I have read and agree to the terms and conditions outlined in Section D. I understand that this will also be considered as my application for the Guaranteed Income Supplement if I am currently eligible to receive the Old Age Security pension.

Signature of spouse/common-law partner

Date (YYYY-MM-DD) _____

If you, the applicant, or your spouse/common-law partner signed with a mark (e.g. X), the mark must be made in the presence of a witness and section C3 must be completed.

<p>C3 Declaration and signature of witness or person authorized to act on behalf of the applicant or the applicant's spouse/common-law partner</p> <p><input type="checkbox"/> I am acting as witness</p> <p>I have read the content of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.</p> <p><input type="checkbox"/> I am signing on behalf of the applicant</p> <p><input type="checkbox"/> I am signing on behalf of the applicant's spouse/common-law partner</p> <p>I declare that the information on this application is true and complete. I also declare that I have read and agree to the terms and conditions outlined in Section D.</p> <p>Signature of witness or authorized person _____ Date (YYYY-MM-DD) _____</p>			
Full name of witness or authorized person		Relationship to applicant	
Mailing address (number, street, apt., P.O. Box, R.R.)			
City/Town	Province/Territory	Country	Postal code
<p> <i>If you are applying on behalf of the applicant or the applicant's spouse/common-law partner, you must provide proof that you are authorized to act on their behalf (for example, power of attorney or authorization for trusteeship).</i></p>			

Section D Terms and Conditions/Privacy Notice Statement

<p>Read the following information when you sign your application:</p> <p>If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the <i>Old Age Security Act</i>, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.</p> <p>Your personal information is administered in accordance with the <i>Department of Employment and Social Development Act</i>, the <i>Old Age Security Act</i>, the <i>Privacy Act</i> 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 ESDC PPU 116. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available online at Canada.ca/infosource-ESDC. Info Source may also be accessed online at any Service Canada Centre.</p>
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Reference Guide

Application for the Guaranteed Income Supplement

If you have questions or need help applying, contact us:

In Canada or the United States:

English: 1-800-277-9914

French: 1-800-277-9915

TTY: 1-800-255-4786

Have your Social Insurance Number ready when you call.

To learn more about the Old Age Security program visit Canada.ca/OAS

Section B: Applying for the Guaranteed Income Supplement

B1: Residence

Below is an example of a completed residence statement:

B1 Have you lived in Canada for the last two year ? <input type="radio"/> Yes Go to question B2. <input type="radio"/> No List all of the countries, including Canada, where you have lived in the last two years. If you need more space, use a separate sheet of paper.		
From YYYY-MM-DD	To YYYY-MM-DD	Country
2018-03-10	2019-12-13	United States
2019-12-14	2020-03-10	Canada

B2 - B3: Income

If you indicate that your income has dropped in the last two years or that you expect it to drop in the next two years, we will send you a separate form for an estimate of your income after it drops.

Examples of pension income include:

- employer pension benefits;
- annuity payments;
- alimony and maintenance payments;
- employment insurance benefits;
- disability benefits deriving from a private insurance plan;
- any benefit under the Canada Pension Plan or Quebec Pension Plan (except death benefit);
- superannuation or pension payments;
- employee's or worker's compensation in respect of an injury, disability or death.

B7: See Question B1 for more information.

B8 - B9: See Question B2 - B3 for more information.

Section C: Declaration and signature

If a medical condition prevented you (or the person on whose behalf you are applying) from applying earlier, please contact Service Canada to obtain a *Declaration of Incapability* form. If certain conditions are met, the pension may be paid at an earlier date. You may also want to go online at **Canada.ca** to learn more about how to act as a third-party administrator.



Service
Canada

Service Canada Offices

Old Age Security

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

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

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

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

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
CANADA

NOVA SCOTIA

Service Canada
PO Box 1687 Station Central
Halifax NS B3J 3J4
CANADA

NEW BRUNSWICK

Service Canada
PO Box 250
Fredericton NB E3B 4Z6
CANADA

QUEBEC

Service Canada
PO Box 1816 Station Terminus
Quebec QC G1K 7L5
CANADA

ONTARIO

For postal codes beginning with "L, M or N"

Service Canada
PO Box 5100 Station D
Scarborough ON M1R 5C8
CANADA

ONTARIO

For postal codes beginning with "K or P"

Service Canada
PO Box 2013 Station Main
Timmins ON P4N 8C8
CANADA

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818 Station Main
Winnipeg MB R3C 2N4
CANADA

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177 Station CSC
Victoria BC V8W 2V2
CANADA

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