



NOTICE OF APPEAL – INCOME SECURITY – GENERAL DIVISION

Également disponible en français

Complete and sign this form if you want to appeal a Canada Pension Plan (CPP) or Old Age Security (OAS) reconsideration decision from the Minister of Employment and Social Development Canada (ESDC). The Tribunal must receive your complete form **within 90 days** after the day you received the reconsideration decision from ESDC.

You **must** attach a copy of the reconsideration decision to this form. If you do not have a copy, contact Service Canada.

You **must** provide the personal information below. This information is required by the Social Security Tribunal Regulations. Any documents you give us will be shared with other parties to your appeal. Our proceedings are open to the public (in most cases) and your final decision might be published online. If your decision is published, any reference to your identity will be removed.

If you have questions about how to complete this form, call the Tribunal's toll-free line at 1-877-227-8577 (TTY: 1-866-873-8381), Monday-Friday between 7:00 a.m. and 7:00 p.m. Eastern Time.

1 – APPELLANT INFORMATION		
First name		Last name
Appellant's Social Insurance Number (SIN)	Other SIN (Include if the appeal concerns a Death Benefit, Survivor's Pension, Orphan's Benefit, or a Disabled Contributor's Child's Benefit. Example: in a Death Benefit appeal, include the deceased's SIN.)	
I authorize the Tribunal to correspond with me by email using the email address below. (If you do not authorize email communication, and then email us during the course of your appeal, we will continue to communicate with you by email.)		
<input type="radio"/> Yes → Email address: <input type="radio"/> No		
Home / Business address (No., Street, R.R.)		Apt. / Unit
Province / Territory		Postal code
Phone number (with area code)		Other phone number (with area code)
<input type="radio"/> I do not have a phone.		City / Town
		Country
		Fax number (with area code)
2 – HEARING / LANGUAGE		
The Tribunal will decide whether there will be a hearing and the form of the hearing. Please indicate your preference:		
<input type="radio"/> No preference <input type="radio"/> Videoconference (at a Service Canada Centre) <input type="radio"/> By phone <input type="radio"/> In-person (at a Service Canada Centre) <input type="radio"/> Written questions and answers <input type="radio"/> On the record (the appeal will be decided based only on the information that has been submitted to the Tribunal)		
Is there any reason for your preference? If you have selected an in-person hearing, please explain why the hearing cannot be held by videoconference. Provide details, including any accommodations that should be considered (e.g. wheelchair access).		
I want the language at the hearing to be:		I want the Tribunal to write to me in:
<input type="radio"/> English <input type="radio"/> French		<input type="radio"/> English <input type="radio"/> French
<input type="radio"/> I cannot communicate effectively in English or French. If there is a hearing, I will need an interpreter.		
The interpreter must speak:		Specify your dialect or country of origin, if applicable:

3 – APPEAL OF A RECONSIDERATION DECISION

I am attaching a copy of the reconsideration decision.

Year - Month - Day

I received the reconsideration decision on: _____ or I do not remember.

4 – REASON(S) FOR APPEAL

Explain what you disagree with in the reconsideration decision and why. Attach extra pages if necessary.

5 – DOCUMENTS TO SUPPORT YOUR APPEAL

Include copies of any documents that may support your appeal, for example:

- Medical reports or medical certificates (e.g. doctor's report or specialist's report)
- Employment documents
- Bank statements
- Proof of residence

I am including copies of supporting documents:

Yes

No

6 – LATE APPEAL

The Tribunal must receive this complete and signed form and a copy of your reconsideration decision **within 90 days** after the date you received the reconsideration decision. If your appeal is late, you **must** explain why and the Tribunal will decide whether your late appeal can go forward. Note that the Tribunal cannot accept an appeal filed more than one year after you receive the reconsideration decision.

Explain why your application is late. Attach extra pages if necessary.

Make sure to include:

- A reasonable explanation for why your appeal is late.
- The steps you took that show you did not give up on your intention to appeal.
- The arguments you have to support your appeal and show that it has a reasonable chance of success.
- Why allowing the late appeal would not be unfair to the other party.

7 – REPRESENTATIVE INFORMATION (IF APPLICABLE)

You do not need to have a representative to file an appeal. If you choose to have a representative, you are responsible for any costs.

- I am representing myself. (Go directly to Section 9.)
 I have a representative. (If so, complete this section with your representative's information and have your representative sign and date Section 8, then go to Section 9.)

First name	Last name
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Name of representative's company, law firm, association, or organization (if applicable)

I, the representative, authorize the Tribunal to correspond with me by email.

Yes Email address:

No

I do not have email.

Address (No., Street, R.R.)	Apt. / Unit	City / Town
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Province / Territory	Postal code	Country
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Phone number (with area code)	Other phone number (with area code)	Fax number (with area code)
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I do not have a phone.

8 – DECLARATION AND SIGNATURE OF REPRESENTATIVE

I confirm that I represent the above party. As their representative, I understand that the Tribunal will normally communicate only with me and that I am responsible for providing the above party with all information related to their appeal.

Signature of representative:	Year - Month - Day
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9 – DECLARATION AND SIGNATURE OF APPELLANT

I declare that, to the best of my knowledge, all the information in this application and in any supporting documentation is true.

If you have a representative:

I authorize the Tribunal to disclose any information about my appeal to my representative, either orally or in writing. I understand that the Tribunal will normally communicate only with my representative and that I will personally receive information only about the hearing and the final decision.

Signature of appellant:	Year - Month - Day
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HOW TO SUBMIT YOUR APPEAL

Submit one copy of your completed and signed form, reconsideration decision, and copies of any supporting documents by email, fax, or mail. Keep all your original documents.

Email

info.sst-tss@canada.gc.ca

Fax

1-855-814-4117 (toll free in Canada)

Mail

Social Security Tribunal of Canada
PO Box 9812 Station T
Ottawa ON K1G 6S3

QUESTIONS?

Email us at info.sst-tss@canada.gc.ca or call our toll-free line at 1-877-227-8577 (TTY 1-866-873-8381). Or call collect from outside Canada or the United States at 1-613-437-1640.

Website

www.canada.ca/en/sst

TIPS

- ✓ The fastest way to send information to the Tribunal is by email.
- ✓ Send one completed and signed form for each reconsideration decision you want to appeal.
- ✓ You must inform the Tribunal if your contact information changes. If the Tribunal cannot reach you, it may proceed in your absence or close your appeal file.
- ✓ Keep all letters or documents the Tribunal sends you. They are numbered for easy reference and may be needed at your hearing.
- ✓ If you change your representative, complete the [Appointment of a Representative and Authorization to Disclose form](#).
- ✓ Documents submitted must be in either English or French. If you need information about translation, visit the [Tribunal's website](#).