



Severe Permanent Disability Benefit Application

Application Requirements Checklist

The eligibility criteria for the Severe Permanent Disability Benefit (SPDB) are different from other permanent disability programs. Costs charged to you by your licensed physician or nurse practitioner to complete the *SPDB Medical Report* are not reimbursed by the Canada Student Financial Assistance Program (CSFA Program). The CSFA Program is responsible for assessing both Canada Student Loans and the Canada Apprentice Loan (CAL) for the purposes of the SPDB. **We recommend that you speak with a representative of the CSFA Program to discuss the eligibility criteria for the SPDB before you start completing this application.** Please refer to the CSFA Program contact information below.

To apply for the SPDB, we require that:

- you provide your Proof of Income (two most recent years of income statements) including but not limited to:
 - The applicant's most recent T4;
 - The Canadian Revenue Agency (CRA) Proof of Income Statement (Option C Print);
 - Dated employer pay stubs;
 - A Record of Employment form;
 - A letter signed by an employer stating the borrower's monthly income and changes in employment (if applicable);
 - Earnings statements from business income or the employer for contracted work; and/or
 - In cases in which the recent onset of a severe permanent disability has just resulted in no income, an attestation affirming no current employment income.
- you or your authorized representative understand the eligibility criteria for the SPDB;
- you continue to make your required monthly payments on your student and/or apprentice loans as interest on your loans will continue to accrue throughout the application process;
- you complete, sign, and date the *SPDB Application* (page 6);
- **for Ontario Student Loans and/or Ontario Micro-credential Student Loans only:** You **sign** and **date** the *Declarations and Consent for Applicants with Ontario Student Loans and/or Ontario Micro-credential Student Loans* (page 7) - two signatures are required;
- you provide the *SPDB Medical Report* (including the *SPDB Information for the Physician or Nurse Practitioner* on page 1 of that document) to your licensed physician or nurse practitioner for them to read and complete;
- your licensed physician or nurse practitioner completes, signs, and dates the *SPDB Medical Report*;
- both your *SPDB Application* and the licensed physician or nurse practitioner's *SPDB Medical Report* are completed, signed, and dated **within the last 12 months**;
- you mail the **original** completed, signed, and dated *SPDB Application* to the CSFA Program at the address below;
- you **or** your licensed physician or nurse practitioner mail the **original** completed, signed, and dated *SPDB Medical Report* to the CSFA Program at the address below;
- you keep a copy of all your documents for your personal records.

Contact Information

Canada Student Financial Assistance Program
PO Box 2090, Station D
Ottawa, ON K1P 6C6

Call the National Student Loans Service Centre toll-free:
1-888-815-4514

TTY: 819-994-1218 local
1-866-667-8554 toll free

Ask to speak to a representative of the Canada Student Financial Assistance Program if you have questions or need help completing this form.

The original version of the completed application must be submitted.

Important Information for the Applicant

The SPDB allows eligible borrowers with a severe permanent disability to have their student loan and/or CAL obligations cancelled effective the date of the SPDB decision. If you have student loans issued by the governments of **Canada, Ontario, Saskatchewan, New Brunswick, Newfoundland and Labrador, Manitoba**, and/or **British Columbia**, or a **Canada Apprentice Loan**, you can apply to be considered for the SPDB using this application form. If you have student loans issued by other governments or institutions, please contact them directly regarding the repayment of those loans.

Eligibility Criteria

According to the *Canada Student Financial Assistance Regulations*, the *Apprentice Loans Regulations* and the *Canada Student Loans Regulations*, a “severe permanent disability” means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — that prevents a person from performing the daily activities necessary to participate in the labour force in a manner that is substantially gainful, as defined in section 68.1 of the *Canada Pension Plan Regulations*, and is expected to remain with the person for their expected life.

You may be eligible for the SPDB if:

- you have a severe permanent disability that **prevents** you from participating in substantially gainful employment; and
- your severe permanent disability is expected to **prevent** you from performing these activities **for the rest of your life**.

“**Substantially gainful**” describes an occupation that provides a salary or wages equal to or greater than the maximum annual amount a person could receive as a disability pension.

Note for Ontario Student Loans and/or Ontario Micro-credential Student Loans only:

You may be eligible for the SPDB for your Ontario Student Loans and/or Ontario Micro-credential Student Loans if **all** the following apply:

- you have a severe permanent disability—meaning any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation—that is so severe that **it prevents** you from:
 - **pursuing studies** at a postsecondary school level **for the rest of your life**; and
 - **participating in the labour force for the rest of your life**.
- you reside in Canada.

To Apply

1. You or your authorized representative must complete, sign, and date the *SPDB Application* (page 6). If you have Ontario Student Loans and/or Ontario Micro-credential Student Loans, page 7 of the *SPDB Application* must also be signed and dated.

Note: If you are signing the application as an authorized representative acting on behalf of the borrower, you must provide proof of authorization (e.g., Power of Attorney, Trustee or Guardian Appointment).

2. Your licensed physician or nurse practitioner must complete, sign, and date the *SPDB Medical Report* and include relevant medical documentation. If you have Ontario Student Loans and/or Ontario Micro-credential Student Loans, ensure your licensed physician or nurse practitioner also completes question 13 of the *SPDB Medical Report*.
3. Review the *SPDB Application Requirements Checklist* to ensure you have collected all the information required.
4. Mail the completed, signed, and dated **original SPDB Application**, along with Proof of Income to the CSFA Program. **Please do not fax or email.**
5. You, or your licensed physician or nurse practitioner, must mail the completed, signed, and dated **original SPDB Medical Report**, with any supporting documentation, to the CSFA Program. **Please do not fax or email.**

After you Apply

- Your application will be assessed by a medical adjudicator.
- The CSFA Program will notify you in writing of the SPDB decision. If you have provincial student loans issued by the governments of **Ontario, Saskatchewan, New Brunswick, Newfoundland and Labrador, Manitoba**, and/or **British Columbia**, the provincial student loans authority will contact you to inform you of their decision.

Important - Restriction

If your application for the SPDB is approved, you will no longer be eligible for any further financial assistance in the form of student loans and/or grants, and/or apprentice loans from the government of Canada. You will also not be eligible for further financial assistance in the form of student loans and/or grants from **Ontario, Saskatchewan, New Brunswick, Newfoundland and Labrador, Manitoba**, and/or **British Columbia**.



Severe Permanent Disability Benefit Application

Important – Please read before completing this form

The Severe Permanent Disability Benefit (SPDB) eligibility criteria are different from other permanent disability programs criteria. **Before you start completing the *SPDB Application*, the Canada Student Financial Assistance Program (CSFA Program) recommends you review the eligibility criteria for the SPDB, since costs charged to you by your licensed physician or nurse practitioner to complete the *SPDB Medical Report* are not reimbursed.** The CSFA Program is responsible for assessing both Canada Student Loans and the Canada Apprentice Loan for the purposes of the SPDB. Call the National Student Loans Service Centre toll-free at 1-888-815-4514 and ask to speak to a representative of the CSFA Program if you have questions or need help completing this form.

Section A - Applicant Information

Given Name		Family Name	
Home Address (Number, Street, Apartment, Rural Route, PO Box)			City
Province/Territory			Postal Code
Telephone Number	Date of Birth (YYYY-MM-DD)	Social Insurance Number (SIN)	

Please answer the following questions:

1. Are you currently working?

Yes No

If no, please select the reason you are not working:

Shortage of work / Contract ended Maternity / Parental Dismissed / Quit

Medical condition(s) / Illness(es) / Disability Other (provide details)

2. Because of your medical condition/disability, do/did you have to do a lighter job/modified tasks or different type of work?

Yes No

If yes, please describe:

Section A - Applicant Information (con't)

Provide information pertaining to your employment history. If you have more than one employer, please complete in the space provided.

Work History

The CSFA Program may contact you for more information. If you require extra space, please use a separate sheet of paper. Each sheet must be signed. Number of additional sheet (s): _____

Current (or Last) Job

1	Title or Position	Place of Employment	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)
	Type of Work (check all that apply)	Full-Time / Part-Time Employment	# hours/day	# days/week:
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (provide details)	<input type="radio"/> Full-Time <input type="radio"/> Part-Time		
	Description of duties:			

Provide Place of Employment for the Last 6 Years

2	Title or Position	Place of Employment	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)
	Type of Work (check all that apply)	Full-Time / Part-Time Employment	# hours/day	# days/week:
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (provide details)	<input type="radio"/> Full-Time <input type="radio"/> Part-Time		
	Description of duties:			

3	Title or Position	Place of Employment	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD)
	Type of Work (check all that apply)	Full-Time / Part-Time Employment	# hours/day	# days/week:
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (provide details)	<input type="radio"/> Full-Time <input type="radio"/> Part-Time		
	Description of duties:			

<p>This application covers student loans issued under the following authorities:</p>	<p>Privacy Notice Statement</p>
<p>Canada - Employment and Social Development Canada (ESDC) Canada Student Financial Assistance (CSFA Program), <i>Canada Student Loans Act and Regulations (CSLA/CSLR)</i>, <i>Canada Student Financial Assistance Act (CSFAA) and Regulations (CSFAA)</i>, <i>Apprentice Loans Act (ALA) and Regulations (ALR)</i>.</p> <p>Ontario - Ministry of Colleges and Universities, Ontario Student Assistance Program, <i>Ministry of Training, Colleges and Universities Act and Regulations</i>.</p> <p>Saskatchewan - Ministry of Advanced Education, Canada-Saskatchewan Integrated Student Loan Program, <i>The Student Assistance and Student Aid Fund Act, 1985 and Regulations</i>.</p> <p>New Brunswick - Department of Post-Secondary Education, Training and Labour, New Brunswick Student Financial Assistance Program, <i>Post-Secondary Student Financial Assistance Act</i>.</p> <p>British Columbia - Ministry of Advanced Education, Student Aid BC, British Columbia Student Assistance Program.</p> <p>Newfoundland and Labrador - Department of Advanced Education and Skills, Newfoundland and Labrador Student Loans Program, <i>Student Financial Assistance Act and Regulations, Student Financial Assistance Administration Regulations, Apprentice Loans Act and Regulations</i>.</p> <p>Manitoba - Department of Advanced Education, Skills and Immigration, Manitoba Student Aid Program, <i>Student Aid Act and Regulations</i>.</p>	<p>The information you provide is collected under the authority of the <i>Canada Student Financial Assistance Act (CSFAA) and Regulations</i>, the <i>Canada Student Loans Act (CSLA) and Regulations (CSLR)</i>, and the <i>Apprentice Loans Act (ALA) and Regulations</i> for the administration of the Canada Student Financial Assistance Program (CSFA Program) and/or the Canada Apprentice Loan (CAL).</p> <p>The Social Insurance Number (SIN) is collected under the authority of the CSFAA, the CSFAR, the CSLR, and the ALR, and in accordance with the Treasury Board Secretariat <i>Directive on the Social Insurance Number</i> which lists the CSFAA, the CSFAR, the CSLR, and the ALR as authorized users of the SIN. The SIN will be used as a file identifier and along with the other information you provide, will also be used to validate your application and to administer and enforce the CSFA Program and CAL.</p> <p>Submitting your application for the SPDB is voluntary. Refusal to provide personal information will result in your application for the SPDB not being assessed to determine your eligibility for the Benefit. You will remain responsible for the repayment of your outstanding loans.</p> <p>The information you provide may be shared with the federal government, the provincial/territorial government(s), the NSLSC, the CALSC, and financial institutions to directly or indirectly collect, retain, use, and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the Federal Act(s) and Regulation(s) and/or the applicable Provincial Act(s) and Regulation(s) relating to student and/or apprentice financial assistance, including for administration, enforcement, research, and evaluation purposes.</p> <p>The information you provide may be disclosed to Statistics Canada for statistical and research purposes.</p> <p>Your personal information is administered in accordance with the CSFAA and CSFAR, the CSLA and CSLR, the ALA and ALR, the <i>Department of Employment and Social Development Act (DESDA)</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 Banks ESDC PPU 030 <i>Student Financial Assistance</i> and/or ESDC PPU 709 <i>Canada Apprentice Loans</i>. Instructions for obtaining this information are outlined in the government publication entitled, Info Source, which is available at the following web site address: www.canada.ca/infosource-ESDC. <i>Info Source</i> may also be accessed online at any Service Canada Centre.</p> <p>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/faqs/index_e.asp.</p>

Section B - Applicant Consent and Declarations

- You* understand that by signing and submitting this form, you are making an application for the Severe Permanent Disability Benefit (SPDB).
- You certify that the information you provide in this application is true and complete, to the best of your knowledge. You understand that it is an offence to make a false or misleading statement and, furthermore, that administrative measures may be taken if such a statement is made.
- You acknowledge that the information provided by your licensed physician or nurse practitioner on the *SPDB Medical Report* will be used to determine whether you are entitled to have your obligation to repay your student and/or apprentice loans cancelled by reason of a severe permanent disability.
- You acknowledge that you are responsible for any fees incurred to complete the *SPDB Medical Report*.
- **You acknowledge that if you receive the SPDB, you will no longer be eligible for any further student financial assistance (student loans and/or grants and/or apprentice loans) from the governments of Canada, Ontario, Saskatchewan, New Brunswick, Newfoundland and Labrador, Manitoba and/or British Columbia.**
- You agree to provide any further supporting documentation that the federal government or the applicable provincial government(s) may require to assess your eligibility for the SPDB.
- You authorize the federal government, and/or the Government of Ontario if you are an Ontario applicant, to contact your physician or nurse practitioner if the information provided is not clear or legible. This authorization is limited and does not extend to allow the CSFA Program or Ontario to gather any additional information that is not contained in your SPDB application or any supporting documentation that you have submitted.
- You acknowledge and provide your consent that the federal and applicable provincial government(s) listed on page 2 and their contractors or agents, may collect, use, and retain your personal information for the purposes outlined herein.
- You acknowledge that if you are found ineligible for the SPDB, the medical information provided as part of this application may be used to verify your eligibility for other disability benefits for student and apprentice borrowers.
- You acknowledge that you can be assessed for eligibility for the Repayment Assistance Plan for Borrowers with Disabilities (RAP-D) should your application not be approved for SPDB.
- You acknowledge that the information collected on this application may be shared with applicable provincial government(s) for the purpose of assessing your application for the provincial SPDB.
- You acknowledge that the outcome of your application will be shared with applicable provincial government(s) and financial institution(s), as well as the NSLSC and the CALSC, for the purpose of student and apprentice loan(s) administration. It could also be shared with the Canada Revenue Agency, any third party authorized by the provincial ministries to administer all or part of their respective student financial assistance programs, and with auditors, collection agencies, credit bureaus or consumer reporting agencies, for the purpose of the administration and enforcement of the CSFAA or the CSLA, the ALA or the ALR, the DESDA, the *Income Tax Act*, and applicable provincial authorities listed on page 2.
- Where your consent is required by law to permit the direct or indirect collection, retention, use, and disclosure of personal information, by your signature on this Agreement, you provide your consent.

* "You" refers to the applicant or authorized representative acting on behalf of the applicant.

Signature of Applicant or Authorized Representative

Date (YYYY-MM-DD)

If you fail to sign and date this application, it will not be processed.

Authorized Representative: If the application is signed by someone who has the authority to act on behalf of the applicant, that person must provide proof of authorization (e.g. Power of Attorney, Trustee or Guardian Appointment).

Important: If you have **Ontario Student Loans and/or Ontario Micro-credential Student Loans**, you must also complete, sign, and date the *Declarations and Consent for Applicants with Ontario Student Loans and/or Ontario Micro-credential Student Loans* on the next page (page 7).

Section C - Declarations and Consent for Applicants with Ontario Student Loans and/or Ontario Micro-credential Student Loans

Notice of the Direct and Indirect Collection, Use and Disclosure of Personal Information for Applicants with Ontario Student Loans and/or Ontario Micro-credential Student Loans

The personal information you and your licensed physician or nurse practitioner provide in connection with this application is used by the Ministry of Colleges and Universities (the "Ministry") to administer and finance the Ontario Severe Permanent Disability Benefit (the Ontario Program), which is part of the Ontario Student Assistance Program (OSAP). The Ministry may use other parties for any of these activities.

Administration includes: determining your eligibility for the Ontario Program and forgiving your Ontario Student Loans and/or Ontario Micro-credential Student Loans; verifying the application; verifying the forgiveness of your Ontario Student Loan and/or Ontario Micro-credential Student Loan repayment obligations; maintaining and auditing your OSAP file; enforcing the legislation set out below and your agreements with the Ministry; planning, delivering, evaluating and monitoring the Ontario Program for program quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; and conducting policy analysis, evaluation and research related to all aspects of the Ontario Program. In this context, the Ministry may use your name and contact information to contact you to participate in voluntary surveys relating to student financial assistance.

Financing includes: planning, arranging or providing funding of the Ontario Program.

The Ministry administers the Ontario Program under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, and O. Reg. 70/17 (Ontario Student Grants and Ontario Student Loans) and O. Reg. 768/20 (Ontario Student Grants and Ontario Student Loans for Micro-credentials) made under the Act, as amended.

If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON, P7B 6G9.

Please indicate which Ontario student loan repayment obligations you are seeking be forgiven through this application (check all that apply):

- Ontario Student Loans
- Ontario Micro-credential Student Loans

Signature of Ontario Applicant or Authorized Representative

Date (YYYY-MM-DD)

Declarations

- I understand that by signing and submitting this Severe Permanent Disability Benefit Application to the Government of Canada, I am making an application for the Ontario Program.
- I understand that if I receive the Ontario Program, I will no longer be eligible to receive any further Ontario Student Loans, Ontario Micro-credential Student Loans, Ontario Student Grants or Ontario Micro-credential Grants.
- I understand that information I provide, including information provided by my physician and/or nurse practitioner, may be verified and audited and, for these purposes, the Ministry may conduct inspections and investigations.
- I understand that any change resulting from verification and audit may result in a reassessment of my application and that if my application is reassessed, it may affect my eligibility for the Ontario Program.
- I understand that if I fail to provide complete and true information, the Ministry may take legal action to recover all outstanding Ontario Student Loans and/or Ontario Micro-credential Student Loans as well as any costs incurred by the Ministry in order for my Ontario Student Loans and/or Ontario Micro-credential Student Loans to be forgiven.

Signature of Ontario Applicant or Authorized Representative

Date (YYYY-MM-DD)