



August 12, 2015

SR #: Number (if applicable)

Case #: Number (if applicable)

MIS Case #: Number (if applicable)

Client Name
1010 Street Address
City, BC V8V 8V8

Dear Client Name:

You may be eligible for Canada Pension Plan Disability (CPPD) benefits from the federal government. Enclosed is the CPPD package as well as the Consent to Deduction and Payment Form (ISP1613).

The forms to be completed are:

- Application for Disability Benefits CPP - ISP1151
- Questionnaire for Disability Benefits CPP - ISP2507
- Consent for Service Canada to Obtain Personal Information CPP - ISP2502(b)
- Consent to Deduction and Payment form (ISP1613)
- Consent to Disclosure of Information – HR3189 if you authorize the ministry to use your Persons with Disabilities Designation Application (PWD) form HR2883 in lieu of the CPP Medical Report – ISP2519
- Medical Report – ISP2519 only if you do not consent to the use of your PWD form
- Consent for Service Canada to Obtain Personal Information - ISP2502A to be completed with your CPP Medical Report ISP2519
- Child Rearing Provision - ISP1640

If you experience problems or have questions while completing these forms, please contact me at the phone number noted below. The package needs to be returned to me no later than September 1, 2015.

Phone: 1-866-866-0800

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

**Ministry of Social
Development and
Social Innovation**

**Provincial CPP
Recovery Program -
FASB**

Mailing Address
PO Box 9950 Stn Prov Govt
Victoria, BC V8W 9R3

Telephone: 1-866-866-0800
Facsimile: 1-866-696-5006

Please return your completed original documents to:

**Mailing Address: Provincial CPP Recovery Program - FASB
PO Box 9950 Stn Prov Govt
Victoria, BC V8W 9R3**

Thank you very much for your attention to this matter.

Sincerely,

Provincial CPP Recovery Program - FASB

HR3343 (15/08/11)

SAMPLE

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