



Notice of Appeal – Income Security – General Division

Également disponible en français

Fill out and sign this form if you want to appeal a Canada Pension Plan, Old Age Security or Canada Disability Benefit reconsideration decision from the Minister of Employment and Social Development Canada. We must receive your completed form within 90 days from the date you received your reconsideration decision.

We will share any documents you give us with any other parties to your appeal.

A community organization might be able to help you with your appeal. Find organizations that can help on our website here: <https://www.sst-tss.gc.ca/en/your-appeal/help-other-people-or-organizations>

We publish many Tribunal decisions online so that people can understand how the Tribunal works. If we publish the decision in your appeal, we will first remove any information that reveals your identity.

1 – Appellant information		
First name	Last name	
Appellant’s Social Insurance Number (SIN)		
(Optional) How would you like us to refer to you? We’re asking because we want to communicate with you in a respectful way. he/him she/her they/them other (please specify): _____		
Email address: _____		
I don’t have an email address		
I give the Tribunal permission to send me messages and documents about my file by email and I understand that the Tribunal isn’t responsible for the privacy and security of email communication.		
Address (No., Street, R.R.)	Apt. / Unit	City / Town
Province / Territory	Postal code	Country
Phone number (with area code)	Other phone number (with area code)	
I don’t have a phone		

2 – Hearing

No preference

By videoconference from your personal computer or mobile device (Connect to the videoconference from a location convenient to you such as your home or your representative’s office. This option requires a high-speed internet connection.)

By videoconference at a Service Canada Centre (You will travel to a Service Canada Centre near you and participate using their videoconference system. The General Division member will join from a different location.)

By phone (Call from a location convenient to you such as your home or your representative’s office.)

In person (Your hearing will take place at a Service Canada Centre near you. The Tribunal member will be in the same room as you.)

In writing (The General Division member will make their decision based on the written arguments and supporting documents that the parties (including you) send in.)

You can find more information about hearings on our website at <https://www.sst-tss.gc.ca/en/your-appeal>

Is there any reason for your preference?

3 – Language

I want the hearing to be in:

English

French

Please write to me in:

English

French

I am not comfortable speaking either English or French. At a hearing, I will need an interpreter.
(The Tribunal will get an interpreter for you.)

The interpreter must speak this language:

My dialect or country of origin (if applicable):

4 – Alternate arrangements

Please tell us if you need any special arrangements for your appeal. We want to ensure that everyone can participate in our proceedings on an equal basis.

An alternate arrangement (or accommodation) is an arrangement to remove a barrier so you can participate fully in an appeal. We’ll accommodate you if you have needs related to a **disability** or any of the **other grounds** found in the [Canadian Human Rights Act](#). To request accommodation for a particular need, please contact us by phone, email, fax, or mail. All our contact information is at the end of this form.

You can find more information on our accommodation and accessibility policy on our website at www.sst-tss.gc.ca/en/decisions-laws-and-policies/social-security-tribunal-accommodation-and-accessibility-policy

5 – Reconsideration decision

Please provide at least one of the following:

I am attaching a copy of my reconsideration decision.

The date on the reconsideration decision letter is:

Please also provide the following information:

I received my reconsideration decision on (Year - Month - Day):

or I don't remember

6 – Reason(s) for your appeal of the reconsideration decision

Explain what you disagree with in your reconsideration decision and why.

Attach extra pages if necessary.

7 – Documents to support your appeal

Include any documents that could support your appeal.

Examples of supporting documents:

- Medical reports or medical certificates (example, doctor’s report or specialist’s report)
- Employment documents
- Bank statements
- Proof of residence

I am including copies of supporting documents:

Yes

No

8 – Late appeal (if applicable)

We must receive this completed form **within 90 days** from the date you received your reconsideration decision. If we receive your notice of appeal after the 90 days, you **must** explain why it is late. The Tribunal member will then decide whether your appeal can go forward. Please note that the Tribunal can't accept an appeal filed **more than one year** from the date you received your reconsideration decision.

Explain why your appeal is late. Tell us why your explanation is reasonable. You may attach supporting documents.

9 – Representative information

You don't need a representative. If you choose to have a representative, you are responsible for any costs.

Do you have a representative?

Yes

No (go to Section 10)

If you have a representative:

The Tribunal will share all information about your appeal with your representative. The Tribunal will normally communicate only with your representative and you will personally receive information only about the hearing and the final decision.

Please indicate which category of representative you have and fill out their information below.

Lawyer / legal clinic

Paralegal / notary

Advocacy group

Union representative

Family member / friend

Other Please specify: _____

(Optional) How would your representative like us to refer to them? We're asking because we want to communicate with them in a respectful way.

he/him she/her they/them

other (please specify): _____

First name

Last name

Name of company, law firm, association, or organization (if applicable)

I have confirmed with my representative that they want the Tribunal to send them correspondence and documents by email.

Yes → **Email address:** _____

No

Address (No., Street, R.R.)

Apt. / Unit

City / Town

Province / Territory

Postal code

Country

Phone number (with area code)

Other phone number (with area code)

10 - Signature of appellant

Year - Month - Day

How to submit your appeal

Fill out, sign, and send us a copy of this form 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 and the United States)
1-613-941-5121 (long distance charges may apply)

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 us at 1-877-227-8577 (toll-free in Canada or the United States) or 1-613-437-1640 (from outside Canada and the United States – long distance charges may apply).

TTY – for those who are deaf or hard of hearing: 1-866-873-8381 (toll-free in Canada and the United States) or 1-613-948-8181 (from outside Canada and the United States – long distance charges may apply).

You can call us from 7:00 a.m. to 7:00 p.m. Eastern Time – Monday to Friday. Please leave a message if we can't answer the phone and we'll call you back.

Website: www.sst-tss.gc.ca/en

Privacy

We understand that parties may have privacy concerns. We try to respect those concerns. At the same time, the law requires us to be open about the Tribunal's work. Learn more about this how we balance open justice and privacy by reading our open justice and privacy statement on our website here:
www.sst-tss.gc.ca/en/decisions-laws-and-policies/open-justice-and-privacy

Tips

- ▶ **Email is the fastest way to send us information.**
- ▶ **You must tell us if your contact information changes. If we can't reach you, we may proceed in your absence.**
- ▶ **Keep all letters or documents we send you. They are numbered for easy reference and will be needed at your hearing.**
- ▶ **If you change your representative, tell us right away.**
- ▶ **Everything you send us must be in either English or French. If you need information about translation, visit our website here: www.sst-tss.gc.ca/en/your-appeal/interpreters-and-translation**