



# THE ROYAL CANADIAN LEGION CLAIM APPLICATION FORM



I \_\_\_\_\_ /  
please print (Given names) (Surname) (Maiden Name)

the applicant, authorize The Royal Canadian Legion to act as my representative and to have access to my relevant medical records, service records, client case files, and Client Service Delivery Network (CSDN) database records held by Veterans Affairs Canada (VAC), including those records held by the National Archives of Canada necessary to prepare a claim under the Pension Act and all other Acts as they relate to benefits and programs administered by VAC.

**Representation and access to my records is to remain in effect as follows: (choose one of "A" or "B") (signature in block "C" is optional)**

<p><b>A</b> Indefinite representation/access unless cancelled by me in writing to Veterans Affairs Canada. I understand Veterans Affairs Canada will notify The Royal Canadian Legion of this action upon receipt of my request.</p> <p><b>Applicant's signature</b> _____</p> <p><b>Date</b> _____</p>	<b>OR</b>	<p><b>B</b> Representation access to end upon completion of specified claim(s). <i>(Specify)</i></p> <p><b>Applicant's signature</b> _____</p> <p><b>Date</b> _____</p>
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**C** I understand that in certain circumstances decisions rendered in case(s) may be used by The Royal Canadian Legion as precedents to assist other applicants. I authorize The Royal Canadian Legion to have indefinite access to past and future decisions made on all my claim(s) for the purpose of assisting in the decisions of other applicants.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **PARTICULARS OF SERVICE AND CLAIM (please print)**

Date of interview \_\_\_\_\_

1. Service N° \_\_\_\_\_ Rank \_\_\_\_\_ Marital status \_\_\_\_\_  
 # of Dependants \_\_\_\_\_ Tel. N° (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Name of applicant \_\_\_\_\_ Email \_\_\_\_\_  
(if not the veteran or member)

2. Address \_\_\_\_\_  
(Street) (City) (Province) (Postal code)

3. Date of birth \_\_\_\_\_ (veteran or member)      4. If deceased, date of death \_\_\_\_\_

5. Date of enrolment \_\_\_\_\_ Date of release \_\_\_\_\_ MOC/MOSID \_\_\_\_\_

6. Have you previously applied for a disability entitlement or other benefit from Veterans Affairs Canada? Yes  No   
 If yes, are you currently receiving disability benefits? Yes  No  VAC file N° \_\_\_\_\_

7. Proof of identity attached for veteran Yes  No  Proof of identity attached for spouse Yes  No

8. Explain what your claim is now \_\_\_\_\_  
Please use a separate sheet of paper if you need more room

### **NOTES TO APPLICANT**

- Physician's Diagnosis of Claimed Condition(s) is necessary and should be provided as soon as possible.
- In the event of your death, The Royal Canadian Legion will continue to have access to your records for a period of 90 days in order to finalize any claims pending at the time of your death.

**D THE FOLLOWING AUTHORITY MUST BE SIGNED**

I \_\_\_\_\_, Service N° \_\_\_\_\_  
(Given names) (Surname)

authorize The Royal Canadian Legion to access all medical and service records including those held by the National Archives of Canada and to prosecute a claim through any agency of Veterans Affairs Canada.

**Applicant's signature** \_\_\_\_\_ **X** **Date** \_\_\_\_\_

**Branch Service Officer** \_\_\_\_\_