

University of Ottawa Retirement Pension Plan Application for Survivor's Benefit

Request for

Spousal COMPLETE SECTION 1	Dependent minor child or disabled child COMPLETE SECTION 2 (A-B-C)	Minor beneficiary COMPLETE SECTION 2 (A-D)
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Identification of Deceased Member

FIRST NAME		LAST NAME		EMPLOYEE NUMBER 100-
SOCIAL INSURANCE NUMBER 	DATE OF BIRTH DAY MONTH YEAR 		DEATH OF DATE DAY MONTH YEAR 	
MEMBER STATUS: ACTIVE RETIREE DEFERRED		CIVIL STATUS: SINGLE SEPARATED / DIVORCED WIDOWED COMMON-LAW / MARRIED		

SECTION 1 - SPOUSE INFORMATION

FIRST NAME		LAST NAME		SOCIAL INSURANCE NUMBER
DATE OF BIRTH DAY MONTH YEAR 	ADDRESS			
EMAIL			TELEPHONE NUMBER 	

In order to finalize the file, please provide:

- An original copy of death certificate or proof of death issued by the funeral home
- A photocopy of the Will (if applicable)
- A document proving marital status, such as a photocopy of the marriage certificate, a sworn declaration or other legal document proving common-law status
- A photocopy of your birth certificate or valid legal document that has your name and date of birth
- A blank cheque marked "void" or complete the Request for direct deposit form as the pension is paid by direct deposit only
- A photocopy of the member's birth certificate or valid legal document that has the member's name and date of birth

Spousal definition per the Pension Plan Text, article 2.37:
Spouse means a person with whom the member is married or, notwithstanding the member's marital status, the person with whom the member has been cohabiting in a relationship resembling marriage for a period of at least one year at the time of retirement.

SPOUSE SIGNATURE (SECTION 1)

By signing I hereby declare that, to the best of my knowledge, the information on this form is true and complete.

DAY	MONTH	YEAR

DATE

SECTION 2 - DEPENDENT CHILD AND TRUSTEE OR GUARDIAN OF PROPERTY INFORMATION

A - Information on dependent child (children)

FIRST NAME		LAST NAME		SOCIAL INSURANCE NUMBER
DATE OF BIRTH DAY MONTH YEAR 	ADDRESS			
FIRST NAME		LAST NAME		SOCIAL INSURANCE NUMBER
DATE OF BIRTH DAY MONTH YEAR 	ADDRESS			

Dependent and/or disable children per the Pension Plan text, refer to article 2.5:

Child or Children refers to a Child of a deceased Member, whether natural or adopted, who is dependent on the Member at the time of retirement, and who sat the time of any benefit payment:

- a) Under the age of 19 and will not attain the age of 19 in the calendar year that the member's death occurs: or (complete section D)
- b) In full-time attendance at an educational institution and is under the age of 27; or (complete section B)
- c) Dependent on the Member by reason of mental or physical infirmity (complete sections C & D) (please contact the Pension Plan Administrator for further details and eligibility)

Human Resources – Pension Plans

550 Cumberland, Room 019 Ottawa ON K1N 6N5
613-562-5832 • hrpension@uOttawa.ca • hr.uottawa.ca



SECTION 2 (CONTINUED) - DEPENDENT CHILD AND TRUSTEE OR GUARDIAN OF PROPERTY INFORMATION

B - Student information

Declaration of full-time enrolment at an educational institute.													
NAME OF STUDENT													
NAME OF EDUCATIONAL INSTITUTION													
TYPE OF ENROLMENT:	FULL-TIME OTHER <input type="checkbox"/> IF OTHER, PLEASE EXPLAIN:												
WHAT ARE YOU TAKING? INDICATE COURSE, GRADE, OR FACULTY:													
INDICATE THE START AND END DATE OF YOUR CURRENT SESSION:	<table border="1"> <tr> <th colspan="3">START DATE</th> <th colspan="3">END DATE</th> </tr> <tr> <td>DAY</td><td>MONTH</td><td>YEAR</td> <td>DAY</td><td>MONTH</td><td>YEAR</td> </tr> </table>	START DATE			END DATE			DAY	MONTH	YEAR	DAY	MONTH	YEAR
START DATE			END DATE										
DAY	MONTH	YEAR	DAY	MONTH	YEAR								
_____	_____												
STUDENT SIGNATURE	DATE												

Declaration of full-time enrolment at an educational institute.													
NAME OF STUDENT													
NAME OF EDUCATIONAL INSTITUTION													
TYPE OF ENROLMENT:	FULL-TIME OTHER <input type="checkbox"/> IF OTHER, PLEASE EXPLAIN:												
WHAT ARE YOU TAKING? INDICATE COURSE, GRADE, OR FACULTY:													
INDICATE THE START AND END DATE OF YOUR CURRENT SESSION:	<table border="1"> <tr> <th colspan="3">START DATE</th> <th colspan="3">END DATE</th> </tr> <tr> <td>DAY</td><td>MONTH</td><td>YEAR</td> <td>DAY</td><td>MONTH</td><td>YEAR</td> </tr> </table>	START DATE			END DATE			DAY	MONTH	YEAR	DAY	MONTH	YEAR
START DATE			END DATE										
DAY	MONTH	YEAR	DAY	MONTH	YEAR								
_____	_____												
STUDENT SIGNATURE	DATE												

C- Disabled child

Please provide the following details on the nature of the child's disability if applicable.	
NAME OF CHILD	
DATE THE TOTAL DISABILITY COMMENCED:	_____
DIAGNOSIS	_____
PROGNOSIS	_____

Please provide the following details on the nature of the child's disability if applicable.	
NAME OF CHILD	
DATE THE TOTAL DISABILITY COMMENCED:	_____
DIAGNOSIS	_____
PROGNOSIS	_____

D - Information on and signature of the appointed trustee or guardian of property

(For disabled child or minor beneficiary)		
FIRST NAME	LAST NAME	SOCIAL INSURANCE NUMBER
ADDRESS		EMAIL ADDRESS
TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (HOME)	EXTENSION
I hereby declare that I am the appointed trustee or guardian of property of the above-mentioned child or children.		
_____	_____	_____
SIGNATURE	RELATIONSHIP	DATE
<p>Please enclose: (Section 2)</p> <ul style="list-style-type: none"> • A copy of the dependent child's birth certificate or valid legal document that has the child's name and date of birth • A recent medical confirmation of the child's health condition • A photocopy of the nomination of the appointed Trustee or Guardian of Property • A blank cheque marked "void" or complete the Request for direct deposit form for an electronic deposit to your bank account • An original copy of death certificate issued by the funeral home • A copy of the will (if applicable) • A photocopy of the member's birth certificate or valid legal document that has the member's name and date of birth • A proof of school enrolment for current session (if applicable) <p>By signing I hereby declare that, to the best of my knowledge, the information on this form is true and complete.</p>		
_____	_____	_____
SIGNATURE (SECTION 2)		DATE

Notice of Collection of Personal Information: In accordance with the *Freedom of Information and Protection of Privacy Act* (Ontario) and with University [Policy 90](#), your personal information is collected under the authority of the University of Ottawa Act, 1965. Your personal information collected by Human Resources (Pension Sector) will be used for the purpose of and those consistent with the administration of your pension plan. If you have questions about the collection, use and disclosure of your personal information in this notice, please contact Human Resources, Pension Sector, 550 Cumberland Street, Room 019, Ottawa, Ontario K1N 6N5, Tel.: 613-562-5832 or hrpension@uOttawa.ca.

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