



Request for Employee Death Benefits

PSSP Liquor Board Workers' Compensation STC Anti-TB PCSP

SECTION A: TO BE COMPLETED BY EMPLOYER (Please print)

Employee's Last Name		Employee's First Name and Initial	
Social Insurance Number		Employee Title	
Last Day Worked/Last Day Paid (day/month/year)		Employee's Date of Death (day/month/year)	
Last Contribution Date (day/month/year)	Outstanding Contributions (amount and period)	Date and Amount of Final Deduction	
Final Three Months Salary-by month			
Department		Department Contact	
Department Address	City	Province	Postal Code
Department Contact's Phone Number		Department Contact's E-mail Address	
Signature of Employer		Date	

SECTION B: SPOUSE/BENEFICIARY INFORMATION

Name of Spouse/Beneficiary/Executor		Phone Number	E-mail Address
Address	City	Province	Postal Code
Spouse's Name (if different than above)		Spouse's Date of Birth	
Dependent Child(ren) under age 18 Name(s)		Dependent Child(ren) under age 18 Date(s) of Birth	
Dependent Child(ren) under age 18 Social Insurance Number(s)			

The death benefits under the Plan are paid to the eligible spouse of the member at the time of death. If there are dependent children under the age of 18 at the time of the member's death, they may be eligible for a death benefit as well. If there is no eligible spouse or dependent children at the time of the member's death, a lump-sum payment will be made to the estate.

SECTION C: BENEFIT - TO BE COMPLETED BY THE MEMBER'S SPOUSE

Spouse's Name	Spouse's Social Insurance Number
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Settlement Options (select one):

60% Survivor 75% Survivor* 100% Survivor*

*Dependent children's benefits are only payable with a 60 per cent survivor benefit option.

Enhanced Bridge (select one):

Yes No

Please include the information selected below so your monthly pension can be finalized and approved.

Certified proof of age for yourself

Certified proof of age for any dependent children

Certified copy of marriage certificate

Certified copy of death certificate

Statutory Declaration (if proof of age or marriage is unavailable)

TD1 forms – federal and provincial

Banking information – sample of void cheque (**If you cannot provide a void cheque, please have your financial institution complete the following**)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Financial Institution	Branch	Account Number

Signature from Financial Institution

Date (day/month/year)

Please note that your spousal benefit cannot be finalized until all sections have been completed.

I acknowledge receipt of a Death Benefit Option Settlement letter from PEBA regarding the benefits to which I am entitled as a death benefit under the Plan.

With my signature I confirm all information provided in Section B to be accurate.

I hereby elect the option as indicated above, which represents a discharge of my benefit entitlement under the Plan.

Signature of Spouse

Date (day/month/year)

SECTION D: LUMP-SUM PAYMENT (To be completed only where there is no spouse or children under age 18)

I hereby certify that the member did not have an eligible spouse or any children under the age of 18 years on the date of death, and that I am either:

the executor or personal representative of the member (please provide a notarized copy of the will, letters probate or letter of administration);

the person nominated by the member; or

a member of the family of the member

and that I am accordingly entitled to receive a lump-sum payment upon the death of the member in accordance with *The Superannuation (Supplementary Provisions) Act*.

Name

Address

Signature

Date (day/month/year)