

Application for a Survivor Pension for a Disabled Dependant

Public Service Pension Plan (PSPP)

Use when there has been a death to apply for a survivor pension for a disabled dependant.

OPB client number

1. OPB client information (read page 3 before completing this form)

OPB client last name (please print)	OPB client first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

The OPB client is now deceased. I am applying for a survivor pension for the disabled dependant named below. I am providing the medical and financial reports required.

Date of death (YYYYMMDD)

Attach proof of death, if applicable and not already provided to OPB.

2. Dependant information

Dependant last name	Dependant first name	Initials	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social insurance number (SIN)	Dependant birth date (YYYYMMDD)	Contact telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Apartment	Street address		
<input type="text"/>	<input type="text"/>		
City	Province	Postal code	Country (if outside Canada)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Dependant's relationship to the OPB client

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other (identify)	<input type="text"/>
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4. Disability information

Briefly describe the dependant's disability and when it began



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5. Legal guardian/next-of-kin of the dependant information

Legal guardian/next-of-kin last name		Legal guardian/next-of-kin first name		Initials
<input type="text"/>		<input type="text"/>		<input type="text"/>
Apartment	Street address			
<input type="text"/>	<input type="text"/>			
City	Province	Postal code	Country (if outside Canada)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact telephone number		Email address		
<input type="text"/>		<input type="text"/>		

6. Relationship of legal guardian/next-of-kin of the dependant information

Check as many as apply:

<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other family (identify)	<input type="text"/>
<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Power of Attorney for Property	<input type="checkbox"/> Estate trustee/administrator		
<input type="checkbox"/> Public Guardian/Trustee	<input type="checkbox"/> Other guardian (identify)	<input type="text"/>		

7. Term of Guardianship - to be completed by a court-ordered guardian, Public Guardian or Trustee, if applicable

Guardianship start date (YYYYMMDD)	Guardianship end date (YYYYMMDD)
<input type="text"/>	<input type="text"/>

Sign and date (keep copies of all completed forms for your records)

I declare that my statements on this form are true and complete to the best of my knowledge.

I understand that a survivor pension for an eligible disabled dependant cannot begin until after the death of the OPB client and any payment of survivor pension to an eligible spouse has ended.

Date signed (YYYYMMDD)	Contact telephone
<input type="text"/>	<input type="text"/>
Signature of person completing form	
<input type="text"/>	

Last name of person completing form	First name of person completing form	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used to administer pension benefits. For more information or if you have any questions, contact Client Services or our Privacy Officer at:

Telephone: 416-364-5035 or **toll free** at 1-800-668-6203 (Canada & USA) | **Fax:** 416-364-7578 | **OPB.ca**



Registration or Application for a Survivor Pension for a Disabled Dependant Public Service Pension Plan (PSPP)

Please read this information before completing the form

A **Disabled dependant child** includes a natural or adopted child, who:

- applies (or the child's guardian or Power of Attorney applies) to the Board and the child has been found by the Board to have a continuing mental or physical disability, AND
- is, by reason of that disability, financially dependent on the OPB client at the time of their death.

Sections 4 - Disability information

The deceased member/retired member/former member may have registered the child with OPB. Please ask our client care representatives to check for this information.

Sections 5, 6 - Legal guardian or next-of-kin

Provide information about the person or organization OPB must contact after the death of the OPB client.

These sections refer to a parent, next-of-kin (e.g., grandmother) or an organization such as the Public Guardian and Trustee. If you are acting on behalf of a disabled dependant, provide OPB with copies of supporting documents (i.e., Proof of Guardianship, Certificate of Appointment, Power of Attorney for Property, Court Order, Last Will and Testament, etc.).

Section 7 - Term of Guardianship

This section applies to court-ordered guardianships, including a Public Guardian and Trustee that may include temporary custody orders issued while permanent custody arrangements are being made.

Supporting documents required for Proof of Guardianship

- a) Parents and next-of-kin caring for disabled dependants under age 18, who are not their natural or adopted children, must submit Proof of Guardianship for Property.
- b) Parents and next-of-kin caring for disabled dependants age 18 and over, must submit Power of Attorney for Property.
- c) A Public Guardian and Trustee must submit a Certificate of Appointment of the Public Guardian and Trustee as Proof of Guardianship of a disabled dependant, under the appropriate legislation where the dependant resides.
- d) Estate Trustees acting on behalf of a OPB client and their disabled dependants, must submit a certified true-copy of the Last Will and Testament of the deceased OPB client, that indicates their appointment as Estate Trustee.

Required documents

In addition to this form, you must also provide:

- OPB 3012 - Financial Disclosure Report for a Disabled Dependant
- OPB 3013 - Medical Examination Report for a Disabled Dependant
- a Medical Information Release (provided by OPB)
- Proof of death if the OPB client is deceased, if you have not already sent this to us
- A copy of the long form proof of birth and a copy of the Social Insurance Number for each disabled dependant.

The pension application is not complete until ALL of the above are received, with their supporting documents.

If there is more than one disabled dependant, file a separate set of forms for each.