

# Financial Disclosure Report for a Disabled Dependant

Public Service Pension Plan (PSPP)

Complete to disclose finances of a disabled dependant, after the death of an OPB client.

OPB client number

## 1. OPB client information

OPB client last name (please print)	OPB client first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of death (YYYYMMDD)		
<input type="text"/>		
Attach proof of death, if not already provided to OPB.		

## 2. Disabled dependant information

Dependant last name	Dependant first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Was the dependant living with the OPB client on the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please provide details about where the dependant was living at that time		
<input type="text"/>		

## 3. Expenses

Provide information about ways (apart from tax claims) that the OPB client provided financial assistance to the dependant (e.g., financial assistance for accommodations, utilities, laundry, meals, paying for special medical equipment or medical treatments not covered by OHIP, home-schooling, etc.).

Where receipts are not available, provide an affidavit from the guardian, or other person(s) with knowledge about the requested information. If actual costs or receipts are not available, provide an estimated dollar value of the item or service provided to the dependant.

Provide expense amounts, receipts or affidavits (otherwise indicate "not applicable").

Food assistance

Shelter assistance

Medical assistance

Other assistance



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## 4. Income tax records

A copy of the tax filing made on behalf of the OPB client for the year of death, showing that the OPB client claimed the disabled dependant as a dependant. Also include the matching *Notice of Assessment* provided by Canada Revenue Agency.

☐ OPB client's tax return and the matching Notice of Assessment are attached

If the tax return and matching *Notice of Assessment* cannot be provided, please explain

## 5. Sources of income for dependant (attach evidence/proof of source of income)

Describe sources of income and income that the dependant received or was eligible to receive as of the date of death of the OPB client. Income after the date of death, including life insurance, is not required to be reported.

Source of income	Amount	Frequency	Date payment begins/began (YYYYMMDD)	Date payment ends/ended (YYYYMMDD)	Policy no. /name
Ontario Disability Support Program (ODSP)					
Ontario Works Program					
Employment income					
CPP/QPP benefits					
Group disability plan					
Individual disability plan					
Retirement pension plan					
WCB/WSIB benefits					
Automobile insurance					
Other sources of income					

Additional information - name of employer or insurance company, details of other income, etc. (provide attachments as needed)



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**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 if the financial information is not provided, the dependant may not qualify for a survivor pension.

Date signed (YYYYMMDD)

Relationship to the dependant

Signature of person completing form

Last name of person completing form

First name of person completing form

Initials

The pension application is not complete until all of the necessary forms and supporting documents are received. In addition to this form, you must also provide:

- OPB 3011 - Registration or Application for a Survivor Pension for a Disabled Dependant
- OPB 3013 - Medical Examination Report for a Disabled Dependant (OPB 3013)
- a Medical Information Release (provided to you by OPB)
- proof of death for the OPB client, if you have not already sent this to us
- provide a copy of the long form proof of birth and a copy of the Social Insurance Number for each disabled dependant
- any receipts or affidavits required under section 3 of this form
- proof of sources of income required under section 5

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

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** 1-800-668-6203 (Canada & USA) | **Fax:** 416-364-7578 | **OPB.ca**