

Registration of a Disabled Dependant

Public Service Pension Plan (PSPP)

PSPP members, former members and retired members complete to register their child as a disabled dependant with OPB.

Note: A child's eligibility for a survivor pension will not be determined until **after** the member, former member or retired member's death.

OPB client number

1. OPB client information

Last name (please print)	First name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Disabled dependant information

Dependant last name	First name	Initials	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dependant's birth date (YYYYMMDD)	Contact telephone		
<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

Briefly describe relationship to the disabled dependant

4. Disability information

a) Briefly describe the dependant's disability

b) When did the disability begin? Disability began (YYYYMMDD)

c) Was the dependant continuously attending school when the disability began? ☐ Yes ☐ No



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5. Legal guardian/next-of-kin/Power of Attorney (POA) of the dependant

Please provide information about the person OPB is to contact after the death of the PSPP member, former member or retired member.

Legal guardian/next-of-kin/POA last name	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"/>		

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 number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		
Last name	First name	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**