

Death Benefit – Surviving Spouse



Specify Pension Plan: _____

Section 1 - Information about the deceased contributor

Name

Social Insurance Number

Date of Birth (YYYY/MM/DD)

Date of Death (YYYY/MM/DD)

Attach a copy of Funeral Director's Statement of Death

Was the deceased contributor married at the time of death? Yes No

If the deceased contributor was married at the time of death, Address: _____
to whom? Name: _____

Section 2 - Information about you, the applicant

Name

Social Insurance Number

Date of Birth (YYYY/MM/DD)

Language Preference: English French

Telephone (work)

Telephone (home)

Mailing Address:

Home Address (if different from mailing address):

Section 3 - Complete section 3.1 or 3.2 according to your situation

Section 3.1 - Spouse

Were you married to the deceased contributor? Yes

Were you still married at the time of your spouse's death? Yes No

Date of Marriage (YYYY/MM/DD): _____

Please attach a copy of your marriage certificate

Section 3.2 - Common-Law Partner

If you were not married, when did you start living with the deceased contributor? (YYYY/MM/DD) _____

Were you still living together at the time of your common-law partner's death? Yes No

If yes, and you are the common-law partner of the deceased contributor, please obtain and complete the form titled "Statutory Declaration of Common-law Partner".

Section 4 - Court Orders and Domestic Contracts

Does a court order or domestic contract (including a separation agreement or marriage contract) address your entitlement to pension benefits? Yes No

If yes, please attach a copy of any such court order or domestic contract unless previously provided.

Section 5 - Health, Travel and Dental Plans

If the deceased contributor was retired and had family coverage* under the Health, Travel and/or Dental Plan for Retirees of the Province of New Brunswick at the date of death, you are eligible to continue that coverage. Do you wish to continue?

Health

- Yes – Family Coverage
- Yes – Single Coverage
- No Coverage
- Not Applicable

Travel**

- Yes – Family Coverage
- Yes – Single Coverage
- No Coverage
- Not Applicable

Dental

- Yes – Family Coverage
- Yes – Single Coverage
- No Coverage
- Not Applicable

*If the deceased contributor was retired and enrolled in the NB Teachers' Federation insurance plan, please contact the NBTF directly at (506) 458-1981 or 1-888-851-5500.

** Travel Coverage is only available with Health Coverage.

Applicant's Declaration

I, _____, hereby apply for a Survivor Benefit under the provision of the above noted pension plan. I declare that, to the best of my knowledge, the information on this application is true and complete.

Applicant's Signature

Application Date (YYYY/MM/DD)

Please submit completed form to:

Vestcor
P.O. Box 6000
Fredericton, NB E3B 5H1

Email: info@vestcor.org
Fax: 506-457-7388

Telephone: 506-453-2296
Toll Free: 1-800-561-4012
Website: www.vestcor.org/pensions