

# SURVIVOR BENEFITS (SPOUSE OR COMMON-LAW PARTNER)



Specify Pension Plan: \_\_\_\_\_

## Section 1 - Information about the deceased contributor

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN (optional): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Vestcor Reference Number: \_\_\_\_\_ OR Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year Day Month Year

Address: \_\_\_\_\_

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

If yes, spouse's name: \_\_\_\_\_

## Section 2 - Information about you, the applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Correspondence Requested In:  English  French  
Day Month Year

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: (if different from mailing) \_\_\_\_\_

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

**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? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

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".**

**IMPORTANT! PLEASE COMPLETE PAGE 2.**

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Specify Pension Plan: \_\_\_\_\_

First & Last Name of Deceased Contributor: \_\_\_\_\_

## 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 with Medavie Blue Cross through pre-authorized chequing (PAC).

Please sign and date a **Retiree Transfer Application** form and forward to Medavie Blue Cross with a void cheque as indicated on the form.

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

## Section 6 - Applicant's Declaration

**PRIVACY CONSENT:** *The personal information collected on this form will be used by Vestcor to: identify the deceased member and the applicant; determine language preference; assist in determining eligibility to receive the survivor benefit; process the survivor application; contact the applicant as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. The information will be disclosed to the Canada Revenue Agency as required by law. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at [info@vestcor.org](mailto:info@vestcor.org). In addition, please note that Vestcor's Privacy Statement is available at [www.vestcor.org/privacy](http://www.vestcor.org/privacy).*

**AUTHORIZATION:** *I certify that the information above is accurate.*

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: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Please return completed form as soon as possible to:  
Vestcor  
P.O. Box 6000, Fredericton, NB E3B 5H1  
Fax: 506-457-7388

For more information, please contact Vestcor at:  
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)  
Email: [info@vestcor.org](mailto:info@vestcor.org)  
Website: [vestcor.org](http://vestcor.org)

**IMPORTANT:** Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format