

Survivor Benefits (Spouse or Common-Law Partner)



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)

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

Please sign and date the enclosed retiree transfer form and forward to Blue Cross with a void cheque as indicated on the form.

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.

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