

APPLICATION FOR SURVIVOR BENEFITS

Specify Pension Plan:

NB Public Service Pension Plan	_____	CBE Shared Risk Plan	_____
NB Teachers' Pension Plan	_____	CUPE Hospitals Shared Risk Plan	_____
Members Superannuation Act	_____	Provincial Court Act	_____
Members' Pension Act	_____	Provincial Court Judges' Pension Act	_____
Pension Plan for General Labour, Trades & Services Employees of NB School Districts	_____		_____
Pension Plan for Full-time CUPE 2745 Employees of NB School Districts	_____		_____

Section A – Information about the deceased contributor:

Name:	Social Insurance Number:
Date of Birth: _____ Year Month Day	Date of Death: _____ Year Month Day (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, to whom? _____ (Name) _____ (Address)

Section B – Information about you, the applicant:

Name:	Social Insurance Number:
Date of Birth: _____ Year Month Day	Language Preference: English_____ French_____
Mailing Address:	Home Address: (if different from mailing address)
Telephone (work):	Telephone (home):

Complete B1 or B2 - According to your situation:

Section B1

Were you married to the deceased contributor? Yes _____
Date of Marriage : _____ (Attach copy of Marriage Certificate) Year Month Day
Were you still married at the time of your spouse's death? Yes_____ No_____

Section B2

If you were not married, when did you start living with the deceased contributor? _____ Year Month Day
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 C - Health, Travel & 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 (if applicable):	
Health: Yes _____ No_____ Family/Single	Travel: Yes _____ No_____ Family/Single
Dental: Yes _____ No_____ Family/Single	
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: _____ Year Month Day