

Application for Survivor Benefits



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,
to whom? Name _____

Address _____

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

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

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 - 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 (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 (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