

## GENERAL INFORMATION

This guide is provided for information purposes only and does not supersede the applicable legislation. We suggest you read it **carefully**, as it contains answers to most questions you may have regarding this application form.

This form is prescribed under section 150 of the *Act respecting the Government and Public Employees Retirement Plan* (CQLR, chapter R-10). You must use it for all public-sector pension plans that we administer, except the Pension Plan of Elected Municipal Officers (PPEMO) and the Pension Plan of the Members of the National Assembly (PPMNA). There is a specific form for each of those plans.

Please note that the Declaration of de facto spouse (423A) and Declaration of dependent children (559A) forms are also prescribed forms and must be used for all the public-sector pension plans.

## INFORMATION ON EACH PART OF THE APPLICATION FORM

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### Part A – Information on the deceased person who participated in the pension plan

You must enter the information concerning the deceased person who participated in the plan.

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### Part B – Information on the person who was receiving a surviving spouse's pension

You must complete this part when the person who was receiving a surviving spouse's pension has died.

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### Part C – Information on the surviving spouse

You must complete this part so we can determine whether you are the surviving spouse of the deceased member or beneficiary.

- The surviving spouse is the person to whom the deceased member or beneficiary was married or with whom the deceased was in a civil union at the time of his or her death. The plan also recognizes the de facto spouse of the opposite sex or the same sex whom the deceased member or pensioner presented as his or her spouse and who, at the time of the death, had been living in a conjugal relationship with him or her for a period that varies from plan to plan. Neither spouse may be married to or in a civil union with another person at the time of the death, except in the case of the Pension Plan of the Judges of the Court of Québec and of Certain Municipal Courts (PPJCQM) and the Pension Plan of Certain Judges Appointed before 1 January 2001 (PPCJBJ), where only the judge must not be married to or in a civil union with another person when he or she dies.
  - If there is a waiver of survivor's benefits by the surviving spouse, he or she no longer is entitled to the benefits payable to the surviving spouse. However, if the heirs are not entitled to any amount, the waiver is cancelled.
  - Legal separation does not dissolve marriage. This means that the surviving spouse who is separated remains entitled to the benefits payable under the deceased member's or pensioner's pension plan. However, if the Court took into account the value of the benefits accrued in the pension plan to partition the family patrimony, the surviving spouse who is separated is no longer entitled to the spousal benefits payable by the plan, unless conjugal relationship resumed.
  - If you are the de facto spouse, you must complete and return the Declaration of de facto spouse (423A) form.
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### Part D – Information on the mandatary

You must complete this part in the two following cases:

- The surviving spouse has given you the mandate to complete the application in his or her place. In this case, you must enclose the original copy or a certified copy of the mandate or power of attorney signed by the surviving spouse.
- The surviving spouse has a mental or physical incapacity that prevents him or her from completing the application and you have been given the mandate in case of incapacity to do it in his or her place. In this case, you must enclose the original copy or a certified copy of the duly homologated mandate.

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## **Part E – Information on the liquidator of the estate**

In this part, you must provide information concerning the liquidator of the estate who is applying for the survivor's benefit when the deceased member or pensioner has no surviving spouse.

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## **Part F – Documents to be enclosed with your application according to the situation**

You must send original documents or certified copies, according to the situation and they will be returned to you promptly. **Photocopies are not accepted.** For a death that occurred after 1993, the documents must be delivered by the Directeur de l'état civil. You do not have to provide the **original marriage or civil union certificate or a certified copy of the marriage or civil union certificate** if you send us a copy of the act of death since that document contains all the information that appears on the certificate.

You can ask for the direct deposit of the surviving spouse's pension to the bank account of your choice. Please enclose with your application a personal cheque marked "VOID". The child who has reached the age of majority who applies for an orphan's pension can do the same to register for direct deposit.

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## **Part G – Signature of surviving spouse (Part C) or of his mandatory (Part D) or, if there is no spouse, the liquidator of the estate (Part E)**

Your application will be returned to you if you have not signed it.

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## **Parts H to M – Employer information**

You must have this part filled out by the employer for whom the deceased member or pensioner worked in the last two years. If he or she had more than one employer during that period, each one must complete Parts H to M of the application for a survivor's benefit. The other parts of the form can be completed only once. The data provided in this part will be used to calculate the amount of your survivor's benefit and your life insurance, if applicable.

### **Declaration of de facto spouse (423A) form**

This form must be completed by the de facto spouse to allow us to determine whether he or she qualifies as such for the benefits payable under the deceased member's or pensioner's pension plan.

### **Declaration of dependent children (559A) form**

This form must be completed if the deceased person had dependent children in order to allow us to determine whether he or she qualifies as such for the orphan's pension payable under the deceased member's or pensioner's pension plan.

### **School attendance (248A) form**

This form must be completed for every school term by the student and the educational institution in the case of a child who has reached the age of majority to allow us to determine whether he or her is qualified to receive the orphan's pension payable under the deceased member's or pensioner's pension plan. It is available on our website.

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## **Access to Documents Held by Public Bodies and the Protection of Personal Information**

The personal information collected in this form and, if applicable, the enclosed documents are necessary to study your application. Only our authorized personnel will have access to it when necessary to carry out their duties.

Failure to provide the requested information can cause a delay or the refusal of your application.

The *Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information* allows you to consult your personal information and have it corrected.

**Part A – Information on the deceased person who participated in the pension plan**

**1. Identification of the deceased member or pensioner**

<sup>1</sup> You will find the ID in the document *Your pension* or on the statement of participation for public-sector pension plans. This number can replace the Social Insurance Number.

<input type="text"/> Last name		<input type="text"/> First name		<input type="text" value="17"/> Identification number <sup>1</sup>
<input type="text"/> Name at birth (if different)				<input type="text"/> Social Insurance Number
<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year	<input type="text"/> Month
<input type="text"/> Date of birth			<input type="text"/> Date of death	
				Gender <input type="checkbox"/> F <input type="checkbox"/> M

Check the box that corresponds to the marital status of the member or pensioner when he or she died.

**2. Marital status**

Married  
  Widowed<sup>2</sup>  
  Single  
  Separated  
  Divorced<sup>3</sup>  
  Civilly united  
  De facto spouse

**Part B – Information on the person who was receiving a surviving spouse's pension**

<sup>2</sup> Enclose the original copy or a certified copy of the death certificate or a copy of the act of death of the person to whom the deceased member or pensioner was married or civilly united.

<input type="text"/> Last name		<input type="text"/> First name		<input type="text"/> Social Insurance Number
<input type="text"/> Name at birth (if different)				Gender <input type="checkbox"/> F <input type="checkbox"/> M
<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year	<input type="text"/> Month
<input type="text"/> Date of birth			<input type="text"/> Date of death	

<sup>3</sup> Enclose the original copy or a certified copy of the certificate of non-appeal of the judgment of divorce or of the certificate of divorce.

**Part C – Information on the surviving spouse**

**1. Identification**

<input type="text"/> Last name		<input type="text"/> First name		<input type="text"/> Social Insurance Number
<input type="text"/> Name at birth (if different)				Gender <input type="checkbox"/> F <input type="checkbox"/> M
<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
<input type="text"/> Date of birth				

**2. Address**

<input type="text"/> Number	<input type="text"/> Street, avenue, boulevard	<input type="text"/> Apartment	<input type="text"/> P.O. Box	<input type="text"/> Postal station
<input type="text"/> City, town, municipality			<input type="text"/> Province or State	
<input type="text"/> Postal code	<input type="text"/> Country			

**3. Telephone numbers**

<input type="text"/> Area code	<input type="text"/> Telephone at home	<input type="text"/> Area code	<input type="text"/> Telephone at work	<input type="text"/> Extension
<input type="text"/> Area code	<input type="text"/> Cell phone			

## Part C – Information on the surviving spouse (cont.)

Indicate in what capacity you are filing this application.

If you check the “De facto spouse” box, complete the Declaration of de facto spouse appendix.

If you check the “Mandatory of the spouse” box, enclose the original copy or a certified copy of the mandate, the power of attorney or the mandate in case of incapacity.

### 4. Capacity

- Legal spouse (married or civilly united)  
 De facto spouse  
 Mandatory of the spouse

### 5. Partition of the family patrimony

Has the family patrimony been partitioned between the surviving spouse and the person who participated in the plan?  Yes  No

If “Yes,” have the spouses resumed living together?  Yes  No

Enter the date on which they resumed living together: 

Year	Month	Day

## Part D – Information on the mandatory

If the surviving spouse cannot sign Part G because of a physical or mental incapacity, his or her mandatory must complete and sign the application in his or her name. Please note that this form does not constitute a mandate of representation of the surviving spouse.

### 1. Identification

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Last name First name Gender  
 F  M  
Language of correspondence  
 French  English

### 2. Address

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Number Street, avenue, boulevard Apartment P.O. Box Postal station  

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City, town, municipality Province or State  

--	--

  
Postal code Country

### 3. Telephone numbers

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Area code Telephone at home Area code Telephone at work Extension  

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Area code Cell phone

## Part E – Information on the liquidator of the estate

### 1. Identification

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Last name First name Gender  
 F  M  
Language of correspondence  
 French  English

### 2. Address

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Number Street, avenue, boulevard Apartment P.O. Box Postal station  

--	--

  
City, town, municipality Province or State  

--	--

  
Postal code Country

### 3. Telephone numbers

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Area code Telephone at home Area code Telephone at work Extension  

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Area code Cell phone

Check the appropriate boxes. Photocopies are not accepted.

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## Part F – Documents to be enclosed with your application according to the situation

- Original copy or certified copy of death certificate or copy of act of death
- Original copy or certified copy of the marriage or civil union certificate or copy of act of marriage or civil union (see guide)
- Declaration of de facto spouse (423A) form duly completed
- Proof of birth of surviving spouse (de facto or legal). The proof differs depending on your place of birth. To know about the accepted proof, consult the Forms section on our website.
- Original copy or certified copy of the certificate of non-appeal of the judgment of divorce or of the certificate of divorce of the deceased person
- Original copy or certified copy of notarized declaration of dissolution or annulment of the civil union of the deceased person
- Original copy or certified copy of judgment of legal separation and the agreement on corollary relief of the deceased person
- Declaration of dependent children (559A) form duly completed
- School attendance (248A) form duly completed
- Original copy or certified copy of deed of tutorship (if orphan is under 18, or has reached majority and has a physical or a mental incapacity)
- Original copy or certified copy of the mandate or power of attorney or mandate in case of incapacity (if surviving spouse is represented)
- Blank personal cheque, if you would like to sign up for direct deposit

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## Part G – Signature of surviving spouse (Part C) or of his or her mandatary (Part D) or, if there is no spouse, of the liquidator of the estate (Part E)

I hereby authorize Retraite Québec to provide the employer, if necessary, with any information relating to this application for a survivor's benefit. I hereby certify that the information provided in Parts A to G of this form and in all appended documents is accurate and complete.

\_\_\_\_\_  
Signature

Year      Month      Day  
|\_|\_|\_|    |\_|\_|    |\_|\_|  
Date

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## Parts H to M must be completed by your employer.

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### Return this form and all the required documents:

#### By mail

Retraite Québec  
Case postale 5500, succursale Terminus  
Québec (Québec) G1K 0G9

#### By fax

418 644-8659

### CONTACT US

#### By phone

418 643-4881 (Québec region)  
1 800 463-5533 (toll-free)

### Subscribe to our electronic mailing list

By subscribing to our electronic mailing list, you can keep up with latest information on the various public-sector pension plans. The registration form is available on our website.

Les parties H à M doivent être remplies par une personne autorisée chez l'employeur.

### Partie H – Renseignements sur l'identité de l'employeur

Cette partie doit être remplie par une personne autorisée qui représente l'employeur.

Nom de l'employeur		Numéro d'identification de l'employeur	
Numéro	Rue, avenue, boulevard, case postale, route rurale	Numéro de ministère ou organisme	
Ville, village, municipalité		Province	Code postal
Ind. rég.	Téléphone	Poste	Ind. rég. Télécopieur

### Partie I – Renseignements sur l'identité de la personne qui a participé au régime

Nom de famille			Prénom			Numéro d'assurance sociale		
Année	Mois	Jour						
Date de naissance								

### Partie J – Renseignements d'ordre administratif

Statut d'emploi :  Permanent à temps plein  Permanent à temps partiel  
 Autre \_\_\_\_\_

#### Précision concernant le lien d'emploi pour une personne ayant un statut d'emploi permanent à temps plein ou à temps partiel

Date de fin d'emploi : 

Année	Mois	Jour

#### Précisions concernant le lien d'emploi pour une personne ayant un statut d'emploi autre que permanent à temps plein ou à temps partiel

La personne est-elle inscrite sur une liste qui lui garantit une priorité d'engagement ou d'emploi?

Oui  Non<sup>1</sup>

Indiquez la date de fin d'emploi : 

Année	Mois	Jour

la date du dernier ET jour rémunéré<sup>2</sup> : 

Année	Mois	Jour

<sup>1</sup> En cochant « Non », vous convenez que la personne n'a pas de garantie de priorité d'engagement ou d'emploi et qu'elle n'a donc pas à démissionner.

<sup>2</sup> Les jours rémunérés comprennent :

- les jours travaillés;
- les jours d'absence avec salaire (ex. : vacances, congés de maladie, jours fériés, congés de maternité, etc.);
- les jours pendant lesquels la personne est admissible à l'assurance salaire;
- les jours d'absence sans salaire soumise à cotisation.

#### Précisions concernant l'invalidité (en fonction des 104 semaines prévues dans les conventions collectives ou les conditions de travail)

Date de début de l'invalidité : 

Année	Mois	Jour

Date de fin de l'invalidité : 

Année	Mois	Jour

#### Autres renseignements qui pourraient être utiles au traitement de cette demande :

**Partie K – Renseignements financiers concernant la personne qui a participé au régime**

Cette partie vous permet de nous envoyer les renseignements financiers concernant une personne qui a participé à un régime. Elle permet de déclarer ses années d'emploi dont la déclaration annuelle n'a pas déjà été soumise, jusqu'à la date de fin d'emploi.

Les champs comportant un astérisque (\*) sont obligatoires.

**Pour le réseau de l'éducation :**

- vous devez produire une partie K pour chaque emploi occupé au cours d'une même année et une autre section « Déclaration des données financières » pour déclarer des données financières relatives à un ajustement 10 mois versé l'année suivant celle de la fin d'emploi.

- le champ « \*\*Numéro d'emploi » doit être rempli.

**1. Déclaration des données financières**

**a) Données financières de base**

\_\_\_\_\_  
\*Année de participation

\*Année de participation

\_\_\_\_\_  
\*Régime de retraite

\*Régime de retraite

\_\_\_\_\_  
Groupe

Groupe

\_\_\_\_\_  
\*Numéro de calendrier

\*Numéro de calendrier  
Retraite Québec

\_\_\_\_\_  
\*\*Numéro d'emploi

\*\*Numéro d'emploi

\_\_\_\_\_  
\*Corps d'emploi

\*Corps d'emploi

Cotisation patronale  
 Oui  Non

\_\_\_\_\_  
Type de déclaration

Type de déclaration

\_\_\_\_\_  
\*Facteur quotidien

\*Facteur quotidien

\*Base de rémunération

200  260

Année Mois Jour  
\_\_\_\_\_  
Date de début d'emploi

Date de début d'emploi

Année Mois Jour  
\_\_\_\_\_  
Date de fin d'emploi

Date de fin d'emploi

\_\_\_\_\_  
Salaire cotisable

Salaire cotisable

\_\_\_\_\_  
Cotisation salariale

Cotisation salariale

\_\_\_\_\_  
Partiel – % du temps

Partiel – % du temps

\_\_\_\_\_  
Salaire non cotisable (après l'atteinte du service maximum)

Salaire non cotisable (après l'atteinte du service maximum)

\_\_\_\_\_  
\*Salaire annuel de base

\*Salaire annuel de base

Salaire pondéré  
 Oui  Non

**b) Échelle de salaire et ajustement 10 mois (base 200 jours)**

Date de prise d'effet (année-mois-jour)	Salaire annuel de base (\$)

**Important :** Utilisez les deux champs concernant l'ajustement 10 mois **seulement** si vous êtes dans le réseau de l'éducation et si l'ajustement est versé au cours d'une année suivant celle de la fin d'emploi. Dans ce cas, le champ « Partiel - % du temps » doit être à zéro.

\_\_\_\_\_  
Ajustement 10 mois cotisable

\_\_\_\_\_  
Ajustement 10 mois non cotisable (après l'atteinte du service maximum)

**c) Absences**

Code	Jours	Salaire (\$)	Montant de rétroactivité (\$)

**d) Rétroactivité**

Année	Montant (\$)

Année Mois Jour  
\_\_\_\_\_  
Date du versement

\_\_\_\_\_  
Montant non cotisable (après l'atteinte du service maximum)

\_\_\_\_\_  
Numéro d'identification de l'employeur

17  
\_\_\_\_\_  
Numéro d'identification

\_\_\_\_\_  
OU  
Numéro d'assurance sociale

## 2. Déclaration des données financières

### a) Données financières de base

\_\_\_\_\_  
\*Année de participation

\_\_\_\_\_  
\*Régime de retraite

\_\_\_\_\_  
\*\*Numéro d'emploi

\_\_\_\_\_  
Type de déclaration

\_\_\_\_\_  
\*Base de rémunération  
 200     260

\_\_\_\_\_  
Salaire cotisable

\_\_\_\_\_  
Salaire non cotisable (après l'atteinte  
du service maximum)

\_\_\_\_\_  
Groupe

\_\_\_\_\_  
\*Corps d'emploi

\_\_\_\_\_  
\*Facteur quotidien

\_\_\_\_\_  
Date de début d'emploi

\_\_\_\_\_  
Cotisation salariale

\_\_\_\_\_  
\*Salaire annuel de base

\_\_\_\_\_  
\*Numéro de calendrier  
Retraite Québec

Cotisation patronale  
 Oui     Non

\_\_\_\_\_  
Date de fin d'emploi

\_\_\_\_\_  
Partiel - % du temps

Salaire pondéré  
 Oui     Non

### b) Échelle de salaire et ajustement 10 mois (base 200 jours)

Date de prise d'effet (année-mois-jour)	Salaire annuel de base (\$)

**Important :** Utilisez les deux champs concernant l'ajustement 10 mois **seulement** si vous êtes dans le réseau de l'éducation et si l'ajustement est versé au cours d'une année suivant celle de la fin d'emploi. Dans ce cas, le champ « Partiel - % du temps » doit être à zéro.

\_\_\_\_\_  
Ajustement 10 mois cotisable

\_\_\_\_\_  
Ajustement 10 mois non  
cotisable (après l'atteinte  
du service maximum)

### c) Absences

Code	Jours	Salaire (\$)	Montant de rétroactivité (\$)

### d) Rétroactivité

Année	Montant (\$)

\_\_\_\_\_  
Date du versement

\_\_\_\_\_  
Montant non cotisable  
(après l'atteinte du service maximum)



