

GENERAL INFORMATION

In order for Retraite Québec to assess the benefits accrued under the pension plan(s) of the person identified in Part A, the employer must provide the information required in this appendix. The appendix must be completed in all cases except if the person concerned was the beneficiary of a retirement or disability pension from Retraite Québec on the assessment date.

This form is prescribed under section 150 of the Act Respecting the Government and Public Employees Retirement Plan (R.S.Q. c. R-10). **An appendix must be completed by every employer of the person mentioned in Part A.**

The applicant must fill out Parts A, B, C, and D, and ask an authorized representative of the employer to fill out Parts E, F and G.

INFORMATION ON EACH PART OF THE APPENDIX

Part A – Identification of member or non-active member

In this part, you must provide information on the member or non-active member for whom you are requesting a statement of benefits. That person must participate or have participated in one of the public sector pension plans we administer.

Part B – Identification of applicant

You must provide information on the applicant, i.e. the member, non-active member, spouse or authorized representative, if applicable.

Part C – Date of assessment of benefits

- The date of assessment of benefits must correspond to:
 - » the **date on which the spouses ceased living together**, as chosen by the spouses and confirmed in the judgment rendered by the Court; **OR**
 - » the **date of commencement of the proceeding** for legal separation, divorce, annulment of marriage, payment of a compensatory allowance, dissolution or annulment of civil union. The date the proceeding commences is the date on which the application is made at the Registry of the Superior Court of Québec; **OR**
 - » the **date provided in the notarized joint declaration**, in the case of civilly united spouses who have agreed to the dissolution of their union before a notary. **Important:** These spouses are in a civil union, not a civil marriage. Civil unions have been valid in Québec since June 24, 2002.
- In the case of spouses who have not instituted a proceeding, but are involved in family mediation with an accredited mediator, the only date that may be used for assessment purposes is the date they ceased living together.
- When the date on which the spouses ceased living together has been chosen by them as the assessment date, it must be confirmed by the Court prior to any application for payment of the value of benefits. Failing such confirmation, we cannot proceed with payment.
- Before submitting an application for a statement of benefits, you must make sure **that the date of assessment submitted to us is the date provided in the judgment or the notarized joint declaration.**

Part D – Signature of applicant

You must sign, date and send this appendix to the employer of the person identified in Part A in order for him to complete Parts E, F and G.

Part E – Employer identification

The employer's authorized representative enters relevant information.

Part F – Financial information

With the help of the *Guide de la déclaration annuelle de l'employeur*, the employer's authorized representative enters the required financial information for the year of the assessment and the previous year.

The year of the assessment is the year entered by the applicant in Part C "Date of assessment of benefits".

Note: For the purpose of the Civil Code of Québec, the financial information provided by the employer's authorized representative must be as it stands on the date of assessment of benefits or the date of termination of employment, if the latter is prior to the date of assessment of benefits.

Part G – Signature of employer's authorized representative

The employer's authorized representative must sign the form in order to certify that the information provided is complete and accurate.

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

The personal information collected in this appendix and in any documents that must be attached is required to study the application. Only our authorized personnel will have access to it when necessary to carry out their duties.

Failure to provide the requested information other than in the optional sections may result in delay or refusal of the application.

The Act respecting Access to documents held by public bodies and the Protection of personal information allows you to consult information concerning you and have it corrected.

Important: In order to ensure the confidentiality of the nominative information in this appendix and comply with the Act, the employer must send the appendix directly to Retraite Québec.

We suggest that the employer send the applicant a confirmation that this appendix has been sent to Retraite Québec.

Part A – Identification of member or non-active member

Last name		Social insurance number	
First name		Date of birth Year Month Day	
Last name as it appears on the birth certificate (if different)			

Part B – Identification of applicant

Last name		Social insurance number	
First name		Telephone (area code)	
Address (number, street, apartment, P.O. Box, rural route)			
City or town		Province	Postal code
Name of legal firm or corporate name (if applicable)		Fax (area code)	

Part C – Date of assessment of benefits

Date of commencement of proceeding (according to the civil docket) Year Month Day 	OR	Date spouses ceased living together Year Month Day 	OR	Date provided in the notarized joint declaration Year Month Day
<p>Important: Only one of these boxes must be completed. Also, the box entitled "Date provided in the notarized declaration" concerns civilly united spouses only, not civilly married spouses.</p>				

Part D – Signature of applicant

I hereby certify that the information provided in parts A to D of this form is complete and accurate.	
Signature of applicant	Date Year Month Day

Note: Parts E, F and G must be completed by an authorized representative of the employer.

Social insurance number

Part E – Employer identification

Name of employer		Employer number	Department
Address (number, street, P.O. Box, rural route)		Telephone (area code)	
City or town	Province	Postal code	Employee number

Part F – Financial information

Please note that Part F “Financial information” of form 390A has been replaced by the *Attestation de l’employeur transitoire* (205) form. Since form 205 must be completed by your employer, it is in French only.

Part G – Signature of employer’s authorized representative (see enclosed guide)

I hereby certify that the information provided in parts E to G of this form is complete and accurate.

Last name and first name of employer’s authorized representative			Date Year Month Day		
Telephone (area code)	Extension	Fax (area code)	Signature of employer’s authorized representative		

Please return the signed form to:

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

TO CONTACT US

By phone
418 643-4640 (Québec region)
1 866 627-2505 (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.