

Civil Service Superannuation Fund

APPLICATION FOR DEPENDANT ALLOWANCE

Eligibility Requirements

The dependant(s) of a deceased CSSF member, vested former member or pensioner is entitled to dependant benefits as provided under Section 13(2) & (6) of the Civil Service Superannuation Act R.S.P.E.I. 1988, C-9.

In order to assess the eligibility for dependant benefits, the recipient must have been dependant on the member for support and meet **ONE** of the following criteria at the date of death of the member, vested former member or pensioner ("Member").

Please complete a separate application for each dependant. The dependant must appear under only one eligibility criteria; A, B or C.

PART I

A. **A dependant under 18 years of age.**

OR

B. **A dependant aged 18 through 24 and in full-time attendance at an institution of post-secondary education.**

Once a dependant has reached the age of 18, they cease to be eligible for the dependant allowance. To qualify under criteria B, the dependant must provide proof, on an annual basis, to the Pensions & Benefits Office that he/she is remaining in full-time attendance at an institution of post-secondary education. Please see [Declaration of Full-Time Attendance](#). This benefit is available up to and including the month in which the recipient turns 25. Failure to submit this declaration of full-time attendance to our office by September 30th of each year will result in the immediate termination of the benefit.

OR

C. **A dependant by reason of mental or physical disability.**

Once a dependant has reached the age of 18, they cease to be eligible for the dependant allowance. To qualify under criteria C, the dependant or guardian must provide medical proof to the Pensions & Benefits Office that he/she has a mental or physical disability that renders them incapable of pursuing, on a regular basis, any substantially gainful employment and is a dependant for life.

PART II

DEPENDANT'S INFORMATION

Full Name		Social Insurance Number	
Full Mailing Address			
E-mail	Telephone Number <small>XXX-XXX-XXXX</small>	Date of Birth <small>DD/MMM/YYYY</small>	

DECEASED MEMBER'S INFORMATION

Full Name		Social Insurance Number	
Date of Birth <small>DD/MMM/YYYY</small>		Date of Death <small>DD/MMM/YYYY</small>	

PART III

Please choose the situation under which this application is being made:

- The deceased Member has a spouse and surviving dependants. Each dependant will receive an allowance equal to 10% of the spouse's benefit, to a maximum of 4 dependants,
- OR**
- The deceased Member does not have a surviving spouse, but does have a dependant(s). The oldest dependent child will receive an allowance equal to sixty percent of the deceased member's pension, and each additional dependent, to a maximum of 4 dependants, will each receive 10% of the deceased member's pension.

If you are a guardian applying for this benefit on behalf of a dependant under 18 years of age or dependant due to a physical or mental disability, please provide your information below:

Full Name _____

Address _____

Telephone Number _____

DECLARATION

All information given herein is correct in substance and in fact to the best of my knowledge and belief. I hereby apply for an allowance as provided for in the Civil Service Superannuation Act R.S.P.E.I. 1988, C-9.

Signature of Applicant DD-MMM-YYYY
(Guardian if dependant is under 18 years of age or if required under section C) **Date**

APPLICATION CHECKLIST - ALL applications must include the following:

- Copy of the death certificate or funeral director's statement of the deceased Member
- Copy of the deceased Member's birth certificate
- Copy of the dependant's birth certificate (long, detailed form)
- Completed [direct deposit form](#)
- Completed [Federal Personal Tax Credits Return](#) (TD1)
- Completed [PEI Personal Tax Credits Return](#) (TD1PE – If the province of residence for the dependant and/or guardian is not PEI, please complete the form for your [province of residence](#))

AND

If applying under SECTION A or SECTION C, you must also include:

- proof of guardianship of the named dependant

OR

If applying under SECTION B, you must also include:

- a completed [Declaration of Full-Time Attendance](#) form

This original application and ALL supporting documents must be sent to the following address:

Pension and Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8

Freedom of Information and Protection of Privacy Act

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (eg., valuing pension benefits) some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of personal information,

CIVIL SERVICE SUPERANNUATION FUND

Direct Deposit Form

PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME: _____

FIRST NAME & INITIAL: _____

I hereby authorize and request the Civil Service Superannuation Fund to electronically deposit my pension payroll cheque with the financial institution specified below.

Signature _____ Date DD-MMM-YYYY

PART B – BANK INFORMATION:

Please attach an unsigned cheque clearly marked “VOID” or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:
Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8