



**PENSIONERS' DENTAL SERVICES PLAN (PDSP) — Enrolment Form
(Pensioners Entitled to Veterans Affairs Canada (VAC) Dental Services Program)**

This Plan is offered to public service pensioners by the Government of Canada. By completing and signing this Enrolment Form, you accept this offer of membership in the PDSP. Upon completion, please mail this form to:

**Sun Life Assurance Company of Canada
Dental Claims Office, PO Box 9805 CSC-T
Ottawa, ON K1G 6M6.**

Part A — Personal information

First and last name		Date of birth		
		Year	Month	Day
Mailing address (Street number and name)		Apt. no.	Telephone number ()	
City/Town	Province/State		Language preference	
Country	Postal/Zip code		<input type="checkbox"/> English <input type="checkbox"/> Français	
Pension number	PDSP Certificate number	Pension entitlement date		
		Year	Month	Day

I am receiving a pension from: (check only the pension from which PDSP deductions are to be taken)

Public Service superannuation plan resulting from service with (please identify last employing department or agency): _____

Canadian Forces superannuation plan. Service number: _____

RCMP superannuation plan. Regimental number: _____

Other (Please specify. See enrolment booklet.) _____

I am in receipt of this pension because I am a: (check one)

retiree surviving spouse or surviving common-law partner of _____

Power of Attorney or guardian of _____

Part B — Explanatory notes

- The PDSP is summarized for your convenience in the enrolment booklet. The enrolment booklet, *Pensioners' Dental Services Plan — Enrolment Information and Plan Summary (for pensioners eligible to join on or after January 1, 2001)*, does not contain the complete PDSP.
- A complete copy of the PDSP and the booklet are on the Treasury Board of Canada Secretariat Web site at the following address: <http://www.tbs-sct.gc.ca>. They may also be obtained by contacting the Treasury Board of Canada Secretariat Distribution Centre at (613) 995-2855 or by e-mail at Services-Publications@tbs-sct.gc.ca and requesting stock number TBS 006779 for the PDSP and stock number TBS 006796 for the booklet.
- If you are selecting coverage for more than two family members, please attach a separate piece of paper with their names, relationship to you, and birth dates.
- If you live in the provinces of Ontario or Quebec, provincial sales tax is added to the contribution rate. If you live in the province of Quebec, Quebec income tax may also be payable on the taxable benefit. (See enrolment booklet.)

Ce formulaire est aussi disponible en français.

Part C — Signature

This enrolment form includes the provisions of the PDSP, including all terms and conditions, as if they were actually printed on this form. When I sign this form and return it to Sun Life Assurance Company of Canada, the Plan Administrator, the form constitutes the agreement between the Government of Canada and me concerning my membership in the PDSP and its application to me. I agree that the provisions of the PDSP and the agreement may be amended by the Government of Canada. The amended PDSP and agreement will then apply as if they were actually printed on this form. I understand that the contribution rates will not increase before January 1, 2003, and that I can terminate my membership in the PDSP only after two complete calendar years of membership. I authorize monthly deductions from my pension in the amount of contributions required together with any tax applicable. I have selected either Category II or Category III below.

I benefit from coverage under the Veterans Affairs Canada (VAC) Dental Services Program. I agree that, for as long as I am benefiting from this VAC Dental Services Program coverage, I will not claim reimbursement from the PDSP for any dental care expenses in respect of myself. I agree that I will notify in writing, at the above address and as soon as possible, the Plan Administrator (Sun Life Assurance Company of Canada) should I cease to benefit from coverage under the VAC Dental Services Program. From the date that I no longer have coverage under the VAC Dental Services Program, I agree that I will pay the contributions that are applicable to pensioners who are not covered by the VAC Dental Services Program, unless I wish, according to the terms and conditions of the PDSP, to terminate my participation in the PDSP.

In exchange for my agreement, my PDSP contributions will be as follows:

<input type="checkbox"/>	Category II	\$16.00 per month	Pensioner and one eligible family member						
_____		_____	<table border="0"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Year	Month	Day			
Year	Month	Day							
First and last name of family member		Relationship to you	Date of Birth						

OR

<input type="checkbox"/>	Category III	\$31.96 per month	Pensioner and more than one eligible family member						
_____		_____	<table border="0"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Year	Month	Day			
Year	Month	Day							
First and last name of family member 1		Relationship to you	Date of Birth						
_____		_____	<table border="0"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Year	Month	Day			
Year	Month	Day							
First and last name of family member 2		Relationship to you	Date of Birth						

This information is collected for the purpose of applying the PDSP Rules and is essential to providing the coverage I am requesting. By providing the information, I authorize the Plan Administrator (Sun Life Assurance Company of Canada) to use it, and to communicate it to, and verify it with, any government department or agency, and I authorize such government department or agency to give the Plan Administrator such and any related information for the purposes of verifying the information provided in this form, of completing my enrolment in the PDSP, and of administering the PDSP only. I am aware that my refusal to provide complete and accurate answers in this enrolment form would result in an improper application of the PDSP, which could be to my detriment. This information will be stored under Personal Information Bank Number PWGSC PCE 702. It is protected from disclosure to unauthorized persons or agencies pursuant to provisions of the *Privacy Act*. Under the Act, I have the right to request access to my personal information and request corrections should I believe that the information contains errors or omissions.

X

Your Signature

Date