



**PENSIONERS' DENTAL SERVICES PLAN (PDSP)
FORM for NEWLY ELIGIBLE FAMILY MEMBER(S)**

- Please use this form to either **enrol** a newly eligible family member, or to **defer** (postpone) coverage for a newly eligible family member under the PDSP.
- Note that coverage will be effective on the first day of the second month after the Plan Administrator receives this form, duly completed, **IF**:
 - the form is received within 60 days of the date the spouse or common-law partner becomes eligible; or
 - the form is received within 60 days of the date the child becomes eligible or before the child reaches three (3) years of age.
- Please print clearly. **Parts A, B, and F must be completed.**
- If you have any questions, please call (613) 247-5100. (In North America, the toll-free number is 1-888-757-7427)

Mail the completed form to: Sun Life Assurance Company of Canada
 Coverage Unit - Dental
 PO Box 9805 CSC-T
 Ottawa ON K1G 6M6

Part A - Member Information			
First and Last Name	Mailing Address (Street number and name)		Apt. no.
City/Town	Province/State	Country	Postal/Zip code
Telephone Number	Date of Birth <small>Year Month Day</small>	Your PDSP Certificate Number	
Part B - Information About Newly Eligible Family Member(s)			
1) If this newly eligible family member is a spouse/common law partner, please provide:			
First and Last Name	Date of Birth <small>Year Month Day</small>	Date of marriage or date common-law relationship began (as applicable) ▶	<small>Year Month Day</small>
2) If this newly eligible family member is a child, please provide:			
First and Last Name			Date of Birth <small>Year Month Day</small>
If there is more than one child, please attach a separate piece of paper with all of the newly eligible children's names and birth dates.			
Part C - Selection of Coverage Category			
<ul style="list-style-type: none"> • Do not complete this section if you are applying to defer PDSP coverage for a newly eligible family member. • Please complete this section to enrol one or more newly eligible family member(s) in the PDSP now. Indicate your requested coverage category below. • If you currently have Category I (Pensioner only), please select Category II to add coverage for one eligible family member or Category III to add coverage for two or more eligible family members. • If you currently have Category II (Pensioner and one family member), please select Category III to add coverage for one or more family members. • If you currently have Category III (Pensioner and more than one family member), please select Category III. - (Your coverage category remains the same.) 			
My family members listed above meet the eligibility requirements for membership in the PDSP (see Part E) and I submit the information in Parts A and B above. I select one Category of Coverage checked below:			
<input type="checkbox"/> Category II (\$31.96 per month) - Pensioner and one eligible family member			
<input type="checkbox"/> Category III (\$47.96 per month) - Pensioner and more than one eligible family member			

Part D - To Defer Coverage for Newly Eligible Family Member(s)

Please complete this section only if you are applying to **defer** PDSP coverage for a newly eligible family member.

I am applying to defer PDSP coverage for the newly eligible family member(s) listed in Part B because of coverage under another dental plan as specified below:

Name of Insurer/Administrator

Contract or Policy Number

Certificate Number

Part E - Explanatory Notes

1. The PDSP is summarized for your convenience in the enrolment booklet entitled *Pensioners' Dental Services Plan - Enrolment Information and Plan Summary*. The enrolment booklet does not contain the complete PDSP.
2. A complete copy of the PDSP and the booklet are located 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 by phone 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.
3. 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.)

Part F - Signature

This 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 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 the form. If applicable, I authorize monthly deductions from my pension in the amount of contributions required together with any tax that applies.

X

Your Signature

Date

Provision of the information requested on this form is voluntary. This information is collected for the purpose of applying the PDSP Rules and is essential to providing the coverage you have requested. By providing the information, you authorize the Plan Administrator to use it, and to communicate it to, and verify it with, any government department or agency, and you 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 your enrolment in the PDSP, and of administering the PDSP only. Refusal to respond may result in an improper application of the PDSP, which could be to your detriment. This information will be stored under Personal Information Bank Number PWGSC PCE 702. It is protected from disclosure to unauthorized persons/agencies pursuant to provisions of the *Privacy Act*. Under the Act, you have the right to request access to your personal information and request corrections should you believe that the information contains errors or omissions.

**Ce formulaire est aussi disponible en français sous le titre
«Formulaire à la l'intention du ou des membres de la famille nouvellement admissible(s)».**