Application for Survivors' Benefits

There are **three types of survivors' benefits** that can be paid following the death of a person who contributed sufficiently to the Québec Pension Plan:

- · death benefit:
- surviving spouse's pension;
- orphan's pension.

Death benefit

The maximum death benefit is 2 500 \$. It is taxable and must be declared in the estate's income tax return in most cases.

It is paid on a priority basis to the person or benevolent society that paid the funeral expenses if an application is filed within 60 days following the death. Proof of payment must also be provided to the Régie within 60 days.

After the 60 days, the benefit can also be paid to the heirs or, if there are no heirs, to certain other persons, if they file an application.

Surviving spouse's pension

The surviving spouse's pension is paid monthly. The amount of the pension depends on the contributions that the deceased person made to the Québec Pension Plan. It can be paid to the deceased's spouse by marriage, de facto spouse or spouse by civil union. In some circumstances, it can also be paid to the deceased's legally separated spouse.

Orphan's pension

The orphan's pension is a monthly pension of a set amount. It is paid to the person who is responsible for a child of the deceased, if the child was under 18 at the time of the death. The following children are eligible:

- a child of the deceased, whether or not they lived together;
- a step-child of the deceased who lived with the deceased;
- any other child who lived with the deceased or whom the deceased supported.

Payment of the orphan's pension ends when the child turns 18.

Please note that the surviving spouse's pension and the orphan's pension:

- are payable as of the month following the death;
- can be paid retroactively. A maximum of 12 months can be paid retroactively so you must apply as soon as possible after the death;
- are adjusted in January of each year, based on the increase in the cost of living;
- are taxable.

How to apply

You must apply for these benefits by filling out the necessary sections of this form. See the instructions on the other side of this page.

This form is available on our Internet site (www.rrq.gouv.qc.ca) and can be completed on screen.

Work outside Canada

If a person participated in a social security plan of a country with which Québec has an agreement, the person's spouse or children may be entitled to survivors' benefits from that country.

For more information

By Internet: www.rrq.gouv.qc.ca By telephone: Québec region: (418) 643-5185

Montréal region: (514) 873-2433

Toll-free: 1 800 463-5185

Service for the hearing impaired: 1 800 603-3540

INSTRUCTIONS

This form must be used to apply for any of the 3 types of survivors' benefits. There are 4 detachable sections.

- 1. You must answer all the questions in PART I: Information about the deceased.
- 2. Complete PARTS II, III or IV depending on the type of benefits for which you are applying.

PART II - Application for a death benefit

PART III - Application for a surviving spouse's pension

PART IV - Application for an orphan's pension

- 3. Be sure to sign in the required spaces.
- 4. Send PART I and PART II, III or IV depending on the situation, and any required documents to:

Régie des rentes du Québec Case postale 5200 Québec (Québec) G1K 7S9

IMPORTANT:

Application for Survivors' Benefits

PART I INFORMATION ABOUT THE DECEASED

	Please p	rint				eceased's social asurance number	\					
1	Sex	Family name of the	dacasad		Civ	von nomo						
•		Tarring riamic of the	deceased		Given name							
	□F	His or her family na	me at hirth	if different	Giv	ven name at birth, if	f different					
	М	The of her larning he	ario at birtii,	ii diliciciii	an	ren name at birtii, ii	different					
	Date of		Place of birt	h								
				city		province		country				
	Date of		Place of dea	ıth								
				city		province		country				
	His or h	er mother's family n	ame at birth		His	or her mother's giv	en name					
	His or h	er father's family na	me		His	or her father's give	n name					
2	∐ic or b	or pormanant addra	ec at time of	death (number, street, ap	2 2 xtm 2 mt)							
_	1115 01 11	er permanent addre	ss at time or	ueatri (number, street, ap	oarimeni)							
	City			Province		Country		Postal cod	<u> </u>			
	City			Trovince		Country		1 03141 000				
	If the de	eceased nerson was	livina outsid	 e Canada, indicate h	is or her la	ast province of resid	lence in Ca	nada				
	11 1110 00	occased person was	iiviiig oatola	o danada, maidato m	10 01 1101 10	act province of reele	101100 111 04	inada.				
3	Deceas	ed person's marital	status at the	time of his or her d	eath (Ch	eck 1 box only.)						
	singl	le										
	wido	wed				ar month day						
	marr	ied	> 1	Date of marriage	yea L L	ar month day						
	_	lly separated	•	Date of separation								
	divo		•	Date of divorce								
	_ □ civil	union	·	Date of the civil union	n , ,							
	_	ot confuse with de facto uni	_									
	☐ disso	olved civil union	> 1	Date of dissolution								
4	Did the	deceased person ta	ke part in the	social security plan	of a coun	try other than Cana	da?					
	☐ No	Yes, in the follo	owing country	y or countries								
	Foro						1 1 1	1 1 1	, , 1			
	rore	ign social security n	unibers						1/8			

Deceased's social	
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insurance number	

	Information about children											
5	A. Did the deceased have children born after 31 December 1958 or did he or she become responsible for children born after that date?											
	☐ Yes. Go to B. ☐ No. Go to PART II to apply for a death benefit, PART III to apply for a surviving spouse's pension, PART IV to apply for an orphan's pension.											
	 B. The following situations could help give a person entitlement to a pension or increase the amount: If a person received family benefits for a child (Québec family allowance or the Canada Child Tax Benefit); If a person did not receive such benefits because the family income was too high. 											
	Did the deceased receive family benefits paid in his or her name for a child born after 31 December 1958? If he or she did not, was it because the family income was too high? (Benefits are usually paid to the mother.)											
	 ✓ Yes. Complete the following table. ✓ If there is not enough space, continue in section 6.) ✓ No. Go to PART II to apply for a death benefit, ✓ PART III to apply for a surviving spouse's pension, ✓ PART IV to apply for an orphan's pension. 											
	Information about children born after 31 December 1958											
	1st child - Family name at birth Given name Date of birth											
	Place of birth (province, country) Date of adoption or date child became a dependent (if applicable) Date of death (if death occurred before age 7) year month Date of death (if death occurred before age 7)											
	Child born outside Canada Canada Child born outside Canada											
	2nd child - Family name at birth Given name Date of birth year month day											
	Place of birth (province, country) Date of adoption or date child became a dependent (if applicable) Date of death (if death occurred before age 7) year month year month											
	Child born outside Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada											
	3rd child - Family name at birth Given name Date of birth year month day											
	Place of birth (province, country) Date of adoption or date child became a dependent (if applicable) Date of death (if death occurred before age 7) year month year month											
	Child born outside Canada Canada Child born outside year month month province of residence upon arrival in Canada											
	C. Between the birth and the 7th birthday of each child, were there any periods during which family benefits were not paid											
l	in the deceased's name? Other information											
6	Use this space if needed. Indicate the question number concerned for each answer given here.											

PART II APPLICATION FOR A DEATH BENEFIT

						Deceased's s insurance nui					
7	Please indicate	in what capacity	you are applyir	ng for the de	eath bene	fit. (Check onl	y 1 box.)				
	If you check A, the cheque will be issued in your name for the amount of the funeral expenses paid (maximum 2 500 \$); B, C or D, the cheque will be made out to the "Heirs of (name of deceased)" at least 60 days after the death; E, the cheque will be made out to the benevolent society that paid the funeral expenses.										
	A. Person	who paid the fu	neral expenses	s.]	with th	e proof of payr nis application of ceipts must be n	or within (60 days	following t	he death.	
	B. Heir. Go	to section 8B.									
	C. Liquidat Go to se	tor of the estate	e (executor name	ed in the wi	ll, or if the	ere is no will, the	e person r	named by	the heirs)		
	D. Profess	ional mandated	to settle the es	tate. Go to	section 10	Э.					
	E. Benevolent society that paid the funeral expenses. The benevolent society must be recognized by the Canada Customs and Revenue Agency. You must provide proof of payment (receipts) made out in the name of the organization within 60 days following the death. Go to section 10.									proof of the	
8		xpenses were les ersons. Provide t			e balance	e can be paid to	the heirs,	, or if ther	e are no h	eirs, to	
8		ersons. Provide t			ne balance	e can be paid to	the heirs,	, or if ther	re are no h	eirs, to	
8	A . Are you an	ersons. Provide t	he following info	ormation:	_	e can be paid to	the heirs,	, or if then	re are no h	eirs, to	
8	A. Are you anB. Did you ren	ersons. Provide their?	he following info	ormation: Yes Yes	□ No	e can be paid to	the heirs,	, or if then	re are no h	eirs, to	
8	A. Are you anB. Did you ren	ersons. Provide the heir?	he following info	ormation: Yes Yes Yes	□ No	e can be paid to	the heirs,	, or if then	re are no h	eirs, to	
8	A. Are you anB. Did you renC. What was yIf you are the s	ersons. Provide the heir?	he following info e? to the deceased Infor and you are als	ormation: Yes Yes Yes ? mation a	□ No □ No bout the	e applicant					
	A. Are you anB. Did you renC. What was yIf you are the s	heir? nounce the estate rour relationship urviving spouse ection. Go to sec	he following info e? to the deceased Infor and you are als	ormation: Yes Yes Yes ? mation a	□ No □ No bout the	e applicant					
	A. Are you an B. Did you ren C. What was y If you are the s complete this s Sex Family	heir? heir? hounce the estate rour relationship urviving spouse ection. Go to sec	to the deceased Infor and you are alsection 11. Date of birth	rmation: Yes Yes Yes ? mation a o applying	□ No □ No bout the for a surv	e applicant iving spouse's p Given name age of correspor	pension (P	PART III),	you do no		
	A. Are you an B. Did you ren C. What was y If you are the s complete this s Sex Family F M Social insurance	heir? heir? hounce the estate rour relationship urviving spouse ection. Go to sec	to the deceased Infor and you are alsection 11. Date of birth	ormation: Yes Yes Yes ? mation a	□ No □ No bout the for a surv	e applicant iving spouse's p Given name age of correspor	pension (P		you do not	t have to	
	A. Are you an B. Did you ren C. What was y If you are the s complete this s Sex Family F M	heir? heir? hounce the estate rour relationship urviving spouse ection. Go to sec	to the deceased Infor and you are alsection 11. Date of birth	rmation: Yes Yes Yes ? mation a o applying	□ No □ No bout the for a surv	e applicant iving spouse's p Given name age of correspor	pension (P	PART III),	you do no	t have to	
	A. Are you an B. Did you ren C. What was y If you are the s complete this s Sex Family F M Social insurance Address	heir? heir? hounce the estate rour relationship urviving spouse ection. Go to sec name	to the deceased Infor and you are alsection 11. Date of birth	rmation: Yes Yes Yes ? mation a o applying	No No bout the	e applicant iving spouse's p Given name age of correspor	pension (P	PART III),	you do not	t have to	
	A. Are you an B. Did you ren C. What was y If you are the s complete this s Sex Family F M Social insurance	heir? heir? hounce the estate rour relationship urviving spouse ection. Go to sec	to the deceased Infor and you are alsection 11. Date of birth	ormation: Yes Yes Yes are mation a o applying	No No bout the	e applicant iving spouse's p Given name age of correspor	pension (P	PART III),	you do not	t have to	

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insurance number	

10 Complete this section only if you are applying as the professional mandated to settle the estate or for a benevolent so								
	Family name of the professional or the representative of the	Given name			Sex			
	benevolent society				□F			
					Μ			
	Name of the benevolent society	Registration i	number					
				1				
	Address (benevolent society or professional mandated to set	tle the estate)	Postal code					
	area code		Language of corresponde	ence				
	Telephone extension		☐ French	☐ English				
	Declaration a	nd signatur	e					
11	11 I declare that all the information provided is true and correct.							
			year	month day				
	Signature X		Date					

To apply for a surviving spouse's pension, complete PART III.

To apply for an orphan's pension, complete PART IV.

PART III APPLICATION FOR A SURVIVING SPOUSE'S PENSION

			insurance number						
	Information abou	ıt the s	surviving spouse						
12	Sex Your family name		ur given name						
	□F								
	Your family name at birth, if different	You	ur given name at birth, if diffe	rent					
	Your date of birth année mois jour Your place of birth								
	Your social insurance number Language of corresponde	ence	province	country					
			rench English						
	Your mother's family name at birth		Your mother's given name						
	Your father's family name		Your father's given name						
ı	Infe	ormat	ion						
13	Your permanent address at the time of the death		ur current address, if different	t					
	City	Cit	City						
	Province	Pr	Province						
	Country Postal code	Co	puntry	Postal code					
	Telephone area code	ar	ea code						
	home othe	er _I		extension					
14	At the time of death, what was your relationship to the	decease	ed? (Check only 1 box.)						
	We had been married since	jour							
	Place of marriage		province	country					
	If the marriage took place outside Québec, please provide pro		riage from an officer of civil status.	,					
	☐ We had been de facto separated since								
	☐ We had been legally separated since		If you had resumed living	année mois jour					
	☐ We had been divorced since		together, indicate since when						
	☐ We had been de facto spouses since								
	We had been in a civil union since		If you had	année mois jour					
	Our civil union had been dissolved since		together, indicate since when						

		eceased's social nsurance number		
15	Did you have a child with the deceased or are you expecting his or her of	child?	Yes	☐ No
	Did you adopt a child together or did either of you adopt the other's child	1 ?	Yes	☐ No
16	A. At the time of your spouse's death:			
	Were you disabled?	Yes	☐ No	
	Did you have any dependent disabled children?	Yes	☐ No	
	Did you have any dependent children under age 18?	Yes	☐ No	
	B. Since your spouse's death:			
	Have you become disabled?	☐ Yes	☐ No	
	Have you become responsible for any disabled children?	Yes	☐ No	
	Have you become responsible for any children under age 18?	Yes	☐ No	
. . .				
17	Are you receiving a pension under the Canada Pension Plan? (a pension of	other than an Old Age	Security pension	on)
	☐ No ☐ Yes, under the following social insurance number ☐			
	Pension payment by direct	t deposit		
18	Would you like your pension to be deposited at a financial institution of your Yes. Complete the following. No. Go to section 19.	your choice?		
-	Name of financial institution	Account or folio	numher	
	Traine of interioral institution	7.000unt of folio	namber	
	Address of financial institution			
	England a blank negroup laborate and write VOID segrees the aborate On			ite very neme and
	Enclose a blank personal cheque and write VOID across the cheque. On social insurance number. If you do not have cheques, your financial institution.			
	Declaration and signature of the s	surviving spo	use	
19	This section must be signed by the surviving spouse or a person authorized member of a professional order (lawyer, notary, accountant, etc.) or a person		ndate or po	wer of attorney.
	I declare that all the information given on this application is true and cor	rrect. Date	year e L L	month day
	Signature X			
	If this section is not signed by the surviving spouse, please indicate in vinformation requested below.	what capacity you	ı have sigr	ned and provide the
	Title			
	Family name Given name			
	If you are not signing as a member of a professional order, give your social in	nsurance number		
	Address			Postal code
	Telephone			
	area code area code home			extension

PART **V** APPLICATION FOR AN ORPHAN'S PENSION

		ased's children wh	no were unc	der age 1		death and for whom you are			
uesting an	orphan's pension	. (If you need moi	re space, co	ontinue ii	n section 24.)				
Sex 1st	child - Family nan	ne at birth	Given na	ame		Social insurance number			
☐ M									
Date of bir	month day	Place of birth (If	born outside Qué	ébec, provide	proof of birth issued by a co	vil authority)			
Address at	t the time of the	death		Current	province t address, if differe	country			
7.aa1000 a		death		Carron	t address, if differe	711t			
Family nar	me at birth of the	child's mother		Mother	's given name				
Family nar	ne of the child's f	ather		Father's	s given name				
Sex 2nd	d child - Family nar	me at birth	Given na	ame		Social insurance number			
☐ M									
Date of bir	rth month day	Place of birth (If	born outside Qué	ébec, provide	proof of birth issued by a c	vil authority)			
		city			province	country			
	Address at the	time of the deat	h	C	Current address, if	different			
Provide this	Family name at	hirth of the shild!	o mothor		Acthoric sixon nom				
information if different	ranniy name at	birth of the child's	s mouner	IV	Mother's given name Father's given name				
from 1st child	Family name of	the child's father		F					
					a a g				
Sex 3rd	child - Family nan	ne at birth	Given na	ame		Social insurance number			
□ F □ M									
Date of bir	rth month day	Place of birth (If	born outside Qué	ébec, provide	proof of birth issued by a c	vil authority)			
		city			province	country			
	Address at the	time of the deat	h	С	Current address, if	different			
Provide this									
information if different	Family name at	birth of the child's	s mother	l V	Nother's given nam	ie			
from 1st									
child	ramily name of	the child's father			ather's given nam	e			
		should already rea	oiving an o	rphan's r	pension or a pension	on for a disabled person's chil			
		or the Canada Pe							

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								Ident	ificat	tion								
2	survivir	ng spous	son who is e and you	have	also c	omplete												
	Sex	mplete this section. Go to section 23. Family name									Given name							
	□F																	
	М	Family name at birth, if different Given name at birth, if different											ent					
	Social	insurance	e number			of birth	month	day	Lan	guage of		spond Fi			☐ En	ıglish		
	Addres	ss														Postal c	ode	
	Telepho	one	area code							area code								
l	home						Doolo		ner	-:					ex	tension		
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.3	or her	behalf, th	st be signe at is, a trus or power of	st offi	cer, a													
	I decla	re that al	I the inform	nation	given	on this	applica	ation is	true a	and corre	ect.			year	r .	month .	day	
	Signatu											Date						
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	Title _																	_
	Name_						Giv	/en nan	ne									_
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	Addres	SS														Postal c	ode 	1 1
	Telepho	one	area code							area code								
l	home							oth							ex	tension		
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ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION

The information requested on this form is needed in order for the Régie to study your application. The information will be held by the Régie in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*, and cannot be provided to other persons or agencies or verified with them except in those cases provided for by law. It could also be used for research, assessments, enquiries or surveys.

IMPORTANT

Send Part I along with Part II, III or IV, depending on on your situation.

Be sure you have fully completed the forms.