



PENSIONERS' DENTAL SERVICES PLAN (PDSP) – ENROLMENT FORM

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, Ontario 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		Pension entitlement date (See enrolment booklet.)		
		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 student Power of Attorney or guardian of _____

Part B - Acceptance of offer of membership (Select ONLY ONE of the categories below)

I and my family members, if any, listed below meet the eligibility requirements for membership in the PDSP (see Part D) and I submit the information in Part A above. I select **one** Category of Coverage checked below.

Category I (\$16.00 per month) - Pensioner only

OR

Category II (\$31.96 per month) - Pensioner and one eligible family member

_____	_____	Year	Month	Day
First and last name of family member	Relationship to you	Date of birth		

OR

Category III (\$47.96 per month) - Pensioner and more than one eligible family member (See Part D.)

_____	_____	Year	Month	Day
First and last name of family member #1	Relationship to you	Date of birth		
_____	_____	Year	Month	Day
First and last name of family member #2	Relationship to you	Date of birth		

Ce formulaire est aussi disponible en français.



Part C - Application for deferral of membership for you or your family member(s)

Complete this Part **only** if you are applying to defer your PDSP membership or to defer coverage of a family member. (See enrolment booklet.)

I apply to defer membership in the PDSP because I have coverage under another dental plan or Veterans' Coverage. I provide the following required information about that other coverage:

Name of insurer/administrator	Contract or policy number	Certificate number
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I have enrolled for membership in Part B but I am applying to defer coverage for my

spouse or common-law partner _____ and/or child(ren) _____

First and last name	First and last name(s)
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because of coverage under another dental plan or Veteran's Coverage as specified below:

Name of insurer/administrator	Contract or policy number	Certificate number
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Part D - Explanatory notes

1. 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.
2. A complete copy of the PDSP and the booklet are on the Treasury Board of Canada Secretariat Website 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 internet at Services-Publications@fin.gc.ca, and requesting stock number TBS 006779 for the PDSP and stock number TBS 006796 for the booklet.
3. 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.
4. 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 E - 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 it 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.

Your Signature	Date
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Part F - Please do not complete this part

Date of confirmation of Eligible Pensioner's pension entitlement

Year	Month	Day

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.