



PENSIONERS' DENTAL SERVICES PLAN (PDSP) FORM - April 1, 2006

The PDSP is offered to most public service pensioners by the Government of Canada. By completing and signing this form, you accept this offer of membership in the PDSP. Upon completion, please send this form to your compensation advisor or your pension office.

Provision of the information requested on this document is voluntary. This personal information is collected for the purpose of applying the Pensioners' Dental Services Plan Rules and is essential to providing the coverage you have requested. Refusal to complete this form may result in your application being denied or delayed. This information will be maintained in Personal Information Bank PWGSC PCE 790. It is protected from disclosure to unauthorized persons/agencies pursuant to the provisions of the Privacy Act. Under the Act you have the right to request access to your personal information, held by a federal government institution, and to request corrections should you believe the information contains errors or omissions. Personal information that you provide about another individual may be accessible to that person under the Privacy Act.

PART A - TO BE COMPLETED BY THE COMPENSATION ADVISOR OR THE PENSION OFFICE

Table with 4 columns: Initial Application, Amendment, Cancellation, and a large empty space for notes or details.

Pension Plan:

Pensioner Type:

PART B - TO BE COMPLETED BY THE PENSIONER

Acceptance of offer of membership - I attest that I and my family members listed below meet the eligibility requirements for membership in the PDSP and I select one of the coverage categories identified below.

- Category I Pensioner only \$ 12.50 per month plus taxes, if applicable
Category II Pensioner and one eligible family member \$ 25.50 per month plus taxes, if applicable
Category III Pensioner and more than one eligible family member \$ 36.20 per month plus taxes, if applicable

Eligible family members to be covered:

Table for spouse/common-law partner: Given names, Surname, Date of Birth (Y, M, D)

Form for relationship: Spouse (Date of Marriage Y, M, D) and Common-law Partner (Start/Stop Date of Cohabitation Y, M, D)

Table for family member: Given names, Surname, Date of Birth (Y, M, D)

- Eligible Child under 21 Years, Eligible Student between 21 and 25 Years, Eligible Impaired Child, Eligible Child Adopted in fact

Table for family member: Given names, Surname, Date of Birth (Y, M, D)

- Eligible Child under 21 Years, Eligible Student between 21 and 25 Years, Eligible Impaired Child, Eligible Child Adopted in fact

I have attached a separate sheet with the names, dates of birth and relationship of additional eligible family members.

By signing this form, I acknowledge that I have read and understand both the reasons for the collection of this personal information and the undertaking on page 2. I agree with the conditions applicable to the PDSP. I authorize any government institution or agency to give the PDSP administrator and Public Works and Government Services Canada any information required to verify the information provided on this form, to complete my enrolment in the PDSP, and to administer the PDSP.

Date

Signature



Pension No.

**PENSIONERS' DENTAL SERVICES PLAN (PDSP) FORM - April 1, 2006****PART C - TO BE COMPLETED BY THE PENSION OFFICE**

Effective date of deduction (start/change/stop)	Name of pension officer (please print)	Telephone Number	
		Area Code	
Y M D			
Effective date of coverage (start/change/stop)	Signature	Date	
Y M D		Y M D	

**UNDERTAKING**

This enrolment form includes the provisions of the PDSP, as well as all terms and conditions, as if they were actually printed on this form. When I sign this form and return it to my compensation advisor or my pension plan administrator, the form constitutes an agreement between the Government of Canada and myself concerning my membership in the PDSP and its application as it relates 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 the agreement will then apply as if they were actually printed on this form. I understand that the contribution rates may change as determined by the President of the Treasury Board of Canada.

I can terminate my membership or that of any eligible family members in the PDSP only after three complete calendar years of membership. I authorize monthly deductions from my pension in the amount of contributions required together with any applicable tax.

**EXPLANATORY NOTES**

- The PDSP is summarized for your convenience in the enrolment booklet. The enrolment booklet titled Pensioners' Dental Services Plan - Enrolment Information and Plan Summary (for pensioners enrolling on or after April 1, 2006) 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 sending an e-mail to [Services-Distribution@tbs-sct.gc.ca](mailto:Services-Distribution@tbs-sct.gc.ca), requesting stock number TBS 006779 for the PDSP Rules and stock number TBS 006796 for the booklet.
- If there is insufficient space to identify family members to be covered, please attach to this form a separate sheet of paper with their names, relationship to you, and birth dates.
- For Ontario and Quebec residents, the provincial sales tax is added to the contribution rate. In addition, Quebec income tax may also be payable by Quebec residents on the taxable benefit (see enrolment booklet).
- Generally, the PDSP coverage will take effect on the first day of the second month following the month in which the designated pension office receives a duly completed PDSP form. However, the PDSP coverage for new pensioners who submit a completed form within 60 days of the effective date of their pension entitlement will normally begin on the effective date of their pension.
- If your eligible family member is either an eligible impaired child or an eligible child adopted in fact, supporting documentation must be provided.

Date stamp of Pension Office