

# 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](http://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](http://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

Deceased's social insurance number ►

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Please print

<b>1</b> <input type="checkbox"/> F <input type="checkbox"/> M	Sex	Family name of the deceased	Given name						
	His or her family name at birth, if different	Given name at birth, if different							
Date of birth	year	month	day						
Place of birth									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">city</td> <td style="text-align: center; border: none;">province</td> <td style="text-align: center; border: none;">country</td> </tr> </table>				_____	_____	_____	city	province	country
_____	_____	_____							
city	province	country							
Date of death	year	month	day						
Place of death									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">city</td> <td style="text-align: center; border: none;">province</td> <td style="text-align: center; border: none;">country</td> </tr> </table>				_____	_____	_____	city	province	country
_____	_____	_____							
city	province	country							
His or her mother's family name at birth		His or her mother's given name							
His or her father's family name		His or her father's given name							

<b>2</b>	His or her permanent address at time of death (number, street, apartment)						
City	Province	Country	Postal code				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> </table>					_____	_____	_____
_____	_____	_____					
If the deceased person was living outside Canada, indicate his or her last province of residence in Canada.							

<b>3</b>	Deceased person's marital status <b>at the time of his or her death</b> (Check 1 box only.)			
<input type="checkbox"/>	single			
<input type="checkbox"/>	widowed			
<input type="checkbox"/>	married	► Date of marriage	year	month
<input type="checkbox"/>	legally separated	► Date of separation		
<input type="checkbox"/>	divorced	► Date of divorce		
<input type="checkbox"/>	civil union <small>(Do not confuse with de facto union.)</small>	► Date of the civil union		
<input type="checkbox"/>	dissolved civil union	► Date of dissolution		

<b>4</b>	Did the deceased person take part in the social security plan of a country other than Canada?						
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, in the following country or countries _____				
Foreign social security numbers		<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> </table>			_____	_____	_____
_____	_____	_____					

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### 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 year      month      day	
Place of birth (province, country)		Date of adoption or date child became a dependent (if applicable)      year      month		Date of death (if death occurred before age 7) year      month	
Child born outside Canada	Date of arrival in Canada year      month		Province of residence upon arrival in 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)      year      month		Date of death (if death occurred before age 7) year      month	
Child born outside Canada	Date of arrival in Canada year      month		Province of residence upon arrival in 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)      year      month		Date of death (if death occurred before age 7) year      month	
Child born outside Canada	Date of arrival in Canada year      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 in the deceased's name?  Yes  No

### Other information

**6** Use this space if needed. Indicate the question number concerned for each answer given here.

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Deceased's social insurance number

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**10** Complete this section only if you are applying as the professional mandated to settle the estate or for a benevolent society.

Family name of the professional or the representative of the benevolent society	Given name	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Name of the benevolent society	Registration number	
Address (benevolent society or professional mandated to settle the estate)		Postal code
Telephone	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	

**Declaration and signature**

**11** I declare that all the information provided is true and correct.

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

Deceased's social insurance number ►

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## Information about the surviving spouse

12 Sex <input type="checkbox"/> F <input type="checkbox"/> M	Your family name	Your given name
	Your family name at birth, if different	Your given name at birth, if different
Your date of birth <small>year      month      day</small> 		Your place of birth <small>city      province      country</small> _____
Your social insurance number 		Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Your mother's family name at birth		Your mother's given name
Your father's family name		Your father's given name

## Information

13 Your permanent address at the time of the death		Your current address, if different	
City		City	
Province		Province	
Country	Postal code 	Country	Postal code 
Telephone home      area code		area code                     extension	

14 At the time of death, what was your relationship to the deceased? (Check only 1 box.)

<input type="checkbox"/>	We had been married since	<small>year      month      day</small> 	
	Place of marriage	<small>city      province      country</small> _____	
<b>If the marriage took place outside Québec, please provide proof of marriage from an officer of civil status.</b>			
<input type="checkbox"/>	We had been <b>de facto separated</b> since	<small>year      month      day</small> 	
<input type="checkbox"/>	We had been <b>legally separated</b> since		► If you had resumed living together, indicate since when <small>year      month      day</small> 
<input type="checkbox"/>	We had been <b>divorced</b> since		
<input type="checkbox"/>	We had been <b>de facto spouses</b> since		
<input type="checkbox"/>	We had been in a <b>civil union</b> since		
<input type="checkbox"/>	Our <b>civil union had been dissolved</b> since		► If you had resumed living together, indicate since when <small>year      month      day</small> 

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**15** Did you have a child with the deceased or are you expecting his or her child?  Yes  No

Did you adopt a child together or did either of you adopt the other's child?  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 other than an Old Age Security pension)

No  Yes, under the following social insurance number 

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**Pension payment by direct deposit**

**18** Would you like your pension to be deposited at a financial institution of your choice?

Yes. Complete the following.  No. Go to section 19.

Name of financial institution	Account or folio number
Address of financial institution	

Enclose a blank personal cheque and write VOID across the cheque. On the back of the cheque, write your name and social insurance number. If you do not have cheques, your financial institution can provide you with equivalent proof.

**Declaration and signature of the surviving spouse**

**19** This section must be signed by the surviving spouse or a person authorized to act on his or her behalf, that is, a trust officer, a member of a professional order (lawyer, notary, accountant, etc.) or a person who has a mandate or power of attorney.

I declare that all the information given on this application is true and correct. Date 

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Signature **X** \_\_\_\_\_

If this section is not signed by the surviving spouse, please indicate in what capacity you have signed and provide the information requested below.

Title \_\_\_\_\_

Family name \_\_\_\_\_ Given name \_\_\_\_\_

If you are not signing as a member of a professional order, give your social insurance number 

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Address	Postal code																																						
Telephone																																							
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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.**