

Application for Survivors' Benefits

Information

You can file your application for survivors' benefits on our Web site at www.rrq.gouv.qc.ca/deces. It's quicker. Postal delays are eliminated and you will obtain immediate confirmation that we have received your application.

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.

The death benefit is paid to the person or charitable organization that paid the funeral expenses or to the heirs.¹

If an application and a photocopy of proof of payment are filed with the Régie **within 60 days** of the death, **priority is given to the person or charitable organization that paid the funeral expenses**.

¹ If there are no heirs or if they have renounced the estate, the death benefit can be paid to other persons.

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 or by civil union. If the deceased was not married or in a civil union, the pension is paid to the person recognized as the de facto spouse. In some circumstances, it can also be paid to the deceased's legally separated spouse.

Even if you are already receiving a surviving spouse's pension under the Québec Pension Plan or the Canada Pension Plan, you can file another application following the death of your last spouse. However, you cannot receive more than one surviving spouse's pension. The Régie will begin payment of the new pension only if the amount of that pension is greater than the pension already in payment.

Orphan's pension

The orphan's pension is a monthly pension of a set amount. It is paid to the person providing for the needs of the deceased's children. The children must be **under the age of 18 at the time of the deceased's death**. As of 2012, the following children are eligible² for the pension:

- The biological or adopted children of the deceased; or
- The children who lived with the deceased for at least one year, where the deceased served as mother or father to them.

The children are not considered to be the children of the deceased if they were placed in that person's home and the deceased was receiving amounts for their care.

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

² If the application is filed in 2012 and the death occurred in 2011 or before, the definition of the deceased's children is different. Contact the Régie for further information.

Additional information

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

- payable as of the month following the death and can be paid retroactively, up to a maximum of 12 months from the date the application is received, except in rare cases;
- adjusted in January of each year, based on the increase in the cost of living;
- **taxable**.

If the deceased worked outside Canada

If the deceased did not make sufficient contributions to the Québec Pension Plan or the Canada Pension Plan, his or her contributions to a social security plan in another country with which Québec has an agreement could give you entitlement to survivors' benefits.

The spouse or children of the deceased could also be entitled to benefits from that country. For more information, visit www.rrq.gouv.qc.ca/programmes/regime_rentes/ententes_internationales.

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How to apply

To apply for these benefits, you must fill out the necessary sections of this form. See the instructions below.

Instructions

This booklet contains the forms needed for the 3 types of survivors' benefits. There are 4 detachable sections.

- PART 1: Information about the Deceased**
(This part **must be completed and sent to us**, regardless of the type of benefit you are applying for.)
- PART 2: Application for a Death Benefit**
- PART 3: Application for a Surviving Spouse's Pension**
- PART 4: Application for an Orphan's Pension**

1. Answer all the questions in **PART 1**.
2. Complete **PARTS 2, 3 or 4**, depending on the type of benefit for which you are applying.
3. Be sure to **sign** in the required spaces (in **each** form you have completed).
4. Send **PART 1** and **PARTS 2, 3 or 4** depending on the situation, as well as any required documents, to:

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

IMPORTANT:

If the death occurred **in Québec**, there is no need to provide proof of death. However, we reserve the right to request proof of birth, marriage or death at any time.

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. Failure to provide the information may result in delays in processing the application or in the application being rejected. Only authorized employees at the Régie will have access to the information. The information can be provided to other persons or agencies or verified with them only in the cases provided for by law. It could also be used for research, assessments, enquiries or surveys. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult the information and have your personal information corrected.

Time required to process the application

In our *Service Statement*, we are committed to replying to an application for a surviving spouse's pension within a maximum of 90 days. However, 3 times out of 4, applicants did not have to wait more than 23 days (results obtained between November 2010 and October 2011). The time required may be longer if you are a de facto spouse because we will contact you to obtain information proving your status.

How to reach us



Online

MyAccount > RRQ

Access your file 24/7

www.rrq.gouv.qc.ca



By telephone

Québec region: 418 643-5185
Montréal region: 514 873-2433
Toll-free: 1 800 463-5185



TTY

Service for the hearing impaired
Toll-free: 1 800 603-3540



You must provide the social insurance number of the deceased where requested to avoid delays in processing your application.

Application for Survivors' Benefits

PART 1: Information about the Deceased

Answer **all the questions in this PART** and return it to us with PARTS 2, 3 or 4.

Please print

Indicate the deceased's social insurance number 

1.1 Information about the deceased's identity

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Deceased's family name	Given name	
	Family name at birth, if different	Given name at birth, if different	
Date of birth year month day		Place of birth (city, province, country)	
Date of death year month day		Place of death (city, province, country)	
His or her mother's family name at birth		Mother's given name	
His or her father's family name		Father's given name	
His or her permanent address at the time of the death (number, street, apt.)			
City	Province	Country	Postal code
If the deceased was living outside Canada, indicate the last province or territory in which he or she resided in Canada.			

1.2 Conjugal status

Deceased's conjugal status **at the time of his or her death** (Check 1 box only.)

If the person was living in a de facto (common-law) relationship at the time of death and had never been married or in a civil union with another person, check "single" as the person's conjugal status.

<input type="checkbox"/> Single		
<input type="checkbox"/> Widowed		
<input type="checkbox"/> Married	Date of marriage	year month day
<input type="checkbox"/> Legally separated	Date of separation	_____
<input type="checkbox"/> Divorced	Date of divorce	_____
<input type="checkbox"/> Civil union	Date of civil union	_____
<input type="checkbox"/> Dissolved civil union	Date of dissolution	_____

1.3 Social security plans outside Canada

Did the deceased person take part in the social security plan of a country other than Canada?

No Yes, in the following country or countries: _____

Foreign social security numbers: _____

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1.4 Information about children

The following situations could help give a person entitlement to a pension or increase the amount:

- if the deceased received family benefits for a child (Québec child assistance, Québec family allowance or the Canada Child Tax Benefit);
- if the deceased was entitled to family benefits, but did not receive any because the family income was too high.

a) Did the deceased have, or did he or she become responsible for, children born after 31 December 1958?

- Yes No. Go to PART 2 to apply for a death benefit,
PART 3 to apply for a surviving spouse's pension,
PART 4 to apply for an orphan's pension.

b) Did the deceased receive family benefits paid **in his or her name** for a child born after 31 December 1958 or, 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. No. Go to PART 2 to apply for a death benefit,
PART 3 to apply for a surviving spouse's pension,
PART 4 to apply for an orphan's pension.

Information about children born after 31 December 1958

1	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
2	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
3	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
If you need more space, continue on a separate sheet.			

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

d) Between each child's birth or arrival in Canada and that child's 7th birthday, did each of these children always **live with the deceased in Canada**? Yes No

Tear along the dotted line

PART 2: Application for a Death Benefit

Be sure you have answered all the questions in PART 1 before continuing with your application.

Indicate the deceased's social insurance number

2.1 Application for a death benefit

The death benefit is payable:

- to the person or charitable organization that paid the funeral expenses. Payment is made on a **priority basis** if an application is filed with the Régie with proof of payment **within 60 days** of the death;
- or
- to the heirs or, if there are no heirs, to other persons.

► If you choose **a) or e)** below:

The cheque will be issued **in your name** (or the name of the charitable organization) for the amount of the funeral expenses paid (maximum 2 500 \$).

► If you choose **b), c) or d)** below:

The cheque will be made out to **“the Heirs of (name of the deceased)”** not before 60 days after the death.

Please indicate **in what capacity** you are applying for the death benefit. (Check 1 box only.)

a) **Person who paid the funeral expenses**

► Provide with this form (or **within 60 days of the death**) **proof of payment** of the funeral expenses (**photocopy of RECEIPTS or BILLS MARKED “PAID”**) made out in **your name** in order to conserve your priority.

If the funeral expenses were less than the death benefit, the balance can be paid to the **heirs** or, if there are no heirs, to certain other persons. Provide the following information:

Are you an heir? Yes No

Did you legally renounce the estate? (by notarial deed or judicial declaration) Yes No

What was your relationship to the deceased? _____

Complete **Sections 2.2** and **2.4**.

b) **Heir**

Did you legally renounce the estate? (by notarial deed or judicial declaration) Yes No

What was your relationship to the deceased? _____

Complete **Sections 2.2** and **2.4**.

c) **Liquidator of the estate***

Complete **Sections 2.2** and **2.4**.

d) **Professional mandated to settle the estate**

Complete **Sections 2.3** and **2.4**.

e) **Charitable organization that paid the funeral expenses**

► Provide **proof of payment** of the funeral expenses (**photocopy of RECEIPTS or BILLS MARKED “PAID”**) made out in the name of the charitable organization.

Complete **Sections 2.3** and **2.4**.

* Executor named in the will or if there is no will, the person named by the heirs.

Indicate the deceased's social insurance number

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2.2 Information about the applicant

If you are also applying for a surviving spouse's pension (PART 3), you do not need to complete this section. **However, you must sign Section 2.4.**

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name		Given name	
	Social insurance number	Date of birth <small>year month day</small>	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Your mother's family name at birth			Your mother's given name	
Your address (number, street, apt.)				
City		Province	Country	Postal code
Telephone <small>area code</small>				
Home		Other		Extension

2.3 Information about the professional mandated to settle the estate, or about the charitable organization

Complete this section if you are filing the application in the capacity of professional mandated to do so or as the representative of the charitable organization.

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name of the professional or representative		Given name	
	Profession (if applicable)			
Name of the charitable organization (if applicable)			Registration number of the charitable organization (if applicable)	
Address of the professional or the charitable organization (number, street, office)				
City		Province	Country	Postal code
Telephone <small>area code</small>			Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Home		Extension		

2.4 Declaration and signature

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

Signature _____ Date year month day

Important: If the death occurred in Québec, no proof of death is required.

**To apply for a surviving spouse's pension, complete PART 3.
To apply for an orphan's pension, complete PART 4.**

Tear along the dotted line

Application for Survivors' Benefits

PART 3: Application for a Surviving Spouse's Pension

Be sure you have answered all the questions in PART 1 before continuing with your application.

Indicate the deceased's social insurance number 

3.1 Information about the spouse of the deceased

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 social insurance number	Your date of birth year month day	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Your place of birth (city, province, country)		
Your mother's family name at birth		Your mother's given name
Your father's family name		Your father's given name
Your permanent address at the time of the death		Your current address, if different (number, street, apt.)
City		City
Province	Country	Postal code
Province	Country	Postal code
Telephone	area code	area code
Home	Other	Extension

3.2 Relationship to the deceased

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

We had been **married** since year month day

Place of marriage (city, province, country) _____

If you were not living together at the time of the death, but were still married, please indicate the reason.

If the marriage took place **outside Québec**, please provide proof of marriage issued by an officer of civil status.

We had been **legally separated** since year month day

If you had resumed living together, indicate since when.

year month day

We had been **divorced** since

We had been **de facto spouses** since

We had been in a **civil union** since

If you had resumed living together, indicate since when.

year month day

Our **civil union had been dissolved** since

PART 4: Application for an Orphan's Pension

Be sure you have answered all the questions in PART 1 before continuing with your application.

Indicate the deceased's social insurance number

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4.1 Information about children under age 18

For information on the eligibility requirements, refer to the beginning of the form.

a) Indicate the names of the **children who were under 18** at the time of the death and for whom you are applying for an orphan's pension. Don't forget to indicate the **children's social insurance numbers**, if any.

1

<input type="checkbox"/> F <input type="checkbox"/> M	Sex	Family name at birth	Given name	Social insurance number						
<input type="checkbox"/> F <input type="checkbox"/> M		Date of birth <small>year month day</small>	Place of birth (city, province, country)	<small>If the child was born outside Québec, provide proof of birth issued by a civil authority.</small>						
His or her mother's given and family names at birth			His or her father's given and family names							
Child's current address										
Is this child the deceased's biological or adopted child ?										
<input type="checkbox"/> Yes <input type="checkbox"/> No. Please indicate when the child began living with the deceased, if applicable: <table style="float: right; border: none;"> <tr> <td style="width: 20px; text-align: center;"><small>year</small></td> <td style="width: 20px; text-align: center;"><small>month</small></td> <td style="width: 20px; text-align: center;"><small>day</small></td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>					<small>year</small>	<small>month</small>	<small>day</small>			
<small>year</small>	<small>month</small>	<small>day</small>								
If the child was not living with the deceased, specify the reason: _____										

2

<input type="checkbox"/> F <input type="checkbox"/> M		Sex	Family name at birth	Given name	Social insurance number						
<input type="checkbox"/> F <input type="checkbox"/> M			Date of birth <small>year month day</small>	Place of birth (city, province, country)	<small>If the child was born outside Québec, provide proof of birth issued by a civil authority.</small>						
His or her mother's given and family names at birth			His or her father's given and family names								
Child's current address											
Is this child the deceased's biological or adopted child ?											
<input type="checkbox"/> Yes <input type="checkbox"/> No. Please indicate when the child began living with the deceased, if applicable: <table style="float: right; border: none;"> <tr> <td style="width: 20px; text-align: center;"><small>year</small></td> <td style="width: 20px; text-align: center;"><small>month</small></td> <td style="width: 20px; text-align: center;"><small>day</small></td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>						<small>year</small>	<small>month</small>	<small>day</small>			
<small>year</small>	<small>month</small>	<small>day</small>									
If the child was not living with the deceased, specify the reason: _____											

If you need more space, continue in Section 4.3.

b) Are any of the children named above already receiving an orphan's pension or a pension for a disabled person's child under the Québec Pension Plan or the Canada Pension Plan?

No Yes, under the following social insurance number _____

Indicate the deceased's social insurance number

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4.2 Information about the person supporting the children

Provide information on the identity of the person supporting the children. That person, to whom the orphan's pension will be paid, must notify the Régie if he or she stops supporting the children.

If you are the spouse of the deceased and you are also applying for a surviving spouse's pension (PART 3), you do not have to complete this section. Go directly to **Section 4.3**.

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	
	Family name at birth, if different	Given name at birth, if different	
Social insurance number	Date of birth year month day	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Mother's family name at birth		Mother's given name	
Address (number, street, apt.)			
City	Province	Country	Postal code
Telephone Home	area code	Other	area code Extension

4.3 Other information

Use this space if needed. Indicate the question number concerned for any information provided here.

4.4 Declaration and signature

This section must be signed by the person to whom the orphan's pension will be paid 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.), the liquidator of the estate or a person who has a mandate or power of attorney.

I declare that all the information provided on this application is true and complete.

Signature _____ **Date** year month day

If this form was not completed by the person to whom the orphan's pension will be paid, the person who completed it must provide the following information.

In what capacity have you signed (guardian, mandatary)? _____

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	
	Address	Postal code	
Telephone Home	area code	Other	area code Extension
If you are an individual, you must also provide the following information:			
Your social insurance number	Your date of birth year month day	Your mother's family name at birth	