

Application for Survivors' Benefits Under the Québec Pension Plan

Information

You can file your application for survivors' benefits online at www.retraitequebec.gouv.qc.ca.

Postal delays are eliminated, and you will receive immediate confirmation that your application has been received.

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 \$2500. 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. If there are no heirs or if they have renounced the estate, the death benefit can be paid to other persons.

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

Surviving spouse's pension

The surviving spouse's pension is paid monthly and is **taxable**. 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 spouse¹. 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. We will begin payment of the new pension only if the amount of that pension is greater than the pension already in payment.

1. The person who was the de facto spouse of the deceased can be recognized as the surviving spouse if he or she lived in a conjugal relationship with the deceased person for three years prior to the death. If a child was born or will be born as a result of their union, if the couple adopted a child or if the child of one of the spouses was adopted by the other spouse, a single year of living together in a conjugal relationship is sufficient.

Orphan's pension

The orphan's pension is paid monthly. It is **taxable** and must be declared as the child's personal income. The orphan's pension is payable to the person who provides 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.**

The following children are eligible 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 in foster care and the deceased was receiving amounts for them.

The orphan's pension **ends when the child turns 18.**

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;
- indexed in January of each year, based on the increase in the cost of living.

IMPORTANT – How to apply for survivors' benefits

The form covers three types of applications for survivors' benefits and includes four detachable parts:

PART 1: Information about the Deceased

(This part must **always be completed and sent** with the application or applications.)

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** (compulsory).
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** completed as well as any required documents, if applicable.

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.retraitequebec.gouv.qc.ca.

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 personal information collected on this form is needed to study your application. Failure to provide the requested information in the mandatory sections may result in a delay or a refusal to process your application. Only authorized employees have access to the information and it is only disclosed to other persons or agencies for verification in cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it 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 70 days, if the information received initially is sufficient to render a decision.

How to reach us

Online

My Account

Access your file **24/7**

www.retraitequebec.gouv.qc.ca

By telephone

Québec region: **418 643-5185**

Montréal region: **514 873-2433**

Toll-free: **1 800 463-5185**



ATTENTION:

You must provide the Social Insurance Number of the deceased where requested to avoid delays in processing your application.

Please return the completed applications and the requested documents, if any, to:

Retraite Québec
Case postale 5200
Québec (Québec) G1K 7S9

Application for Survivors' Benefits Under the Québec Pension Plan

PART 1: Information about the Deceased

Answer all the questions in **PART 1** and return it to us with PARTS 2, 3 or 4.

Please print.

Enter the deceased's Social Insurance Number 

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1.1 Information about the deceased

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	
	Family name at birth, if different	Given name at birth, if differ	
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, apartment)			
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 one 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 or in a civil union	Date of marriage or civil union	year	month	day
<input type="checkbox"/> Legally separated	Date of separation			
<input type="checkbox"/> Divorced or dissolved civil union	Date of divorce or dissolved civil union			

1.3 Social security plans outside Canada

Did the deceased person contribute to the social security plan of a country other than Canada? Yes No

If so, in which country or countries: _____

Please indicate any foreign social security numbers: _____

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1.4 Information about the children

- a) Did the deceased have any children? (regardless of their current age) Yes No
- b) Was the deceased responsible for or did he or she adopt any children? (regardless of their current age) Yes No

If you answered **No to both questions**, 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.

If you answered **Yes to one of the two preceding questions**, read the following note and go to question c).

The fact that the deceased received family benefits from the Québec or Canadian governments for a child could help to give a person **entitlement to a pension or increase the amount**. Therefore, it is **important to provide, to your knowledge, the requested information concerning the deceased's children**.

- c) To your knowledge, did the deceased receive family benefits paid in his or her name? (Benefits are usually paid to the mother.) Yes No I do not know

If you answered **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.

If you answered **Yes** or **I do not know**, please complete the following section.

Information about the children			
1st child			
Family name at birth	Given name	Date of birth <small>year month day</small>	
Place of birth (province, country)	Date of adoption or date child became a dependent (if applicable) <small>year month</small>	Date of death (if the child died before age 7) <small>year month</small>	
Child born outside Canada	Date of arrival in Canada <small>year month</small>	Province of residence at time of arrival in Canada	
2nd child			
Family name at birth	Given name	Date of birth <small>year month day</small>	
Place of birth (province, country)	Date of adoption or date child became a dependent (if applicable) <small>year month</small>	Date of death (if the child died before age 7) <small>year month</small>	
Child born outside Canada	Date of arrival in Canada <small>year month</small>	Province of residence at time of arrival in Canada	
3rd child			
Family name at birth	Given name	Date of birth <small>year month day</small>	
Place of birth (province, country)	Date of adoption or date child became a dependent (if applicable) <small>year month</small>	Date of death (if the child died before age 7) <small>year month</small>	
Child born outside Canada	Date of arrival in Canada <small>year month</small>	Province of residence at time of arrival in Canada	

If there are more than three children, provide the additional information on a separate sheet.

- d) Between the birth and the 7th birthday of each of these children, were there any periods during which family benefits were not paid **in the deceased's name**? Yes No
- e) 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

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

Enter the deceased's Social Insurance Number

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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 us with proof of payment within 60 days of the death;

If you chose a) or e) for the following question, the cheque will be issued in your name (or the name of the charitable organization) for the amount of the funeral expenses paid (maximum of \$2500).

Or

- to the heirs or, if there are no heirs, to other persons.

If you chose b), c) or d) for the following question, the cheque will be made out to **"the Heirs of (name of the deceased)"** not before 60 days after the death.

In what capacity are you applying for the death benefit? **(Check one box only.)**

a) Person who paid the funeral expenses

Please enclose a **photocopy of proof of payment** (invoice marked paid) of the funeral expenses **made out in your name**.

If the eligible funeral expenses were less than the death benefit (maximum of \$2500), 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? _____

b) Heir

Please provide the following information:

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

What was your relationship to the deceased? _____

c) Liquidator of the estate

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

d) Professional mandated to settle the estate

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 2.2 and 2.4 if you chose a), b) or c).

Complete sections 2.3 and 2.4 if you chose d) or e).

Enter 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 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 address (number, street, apartment)			
City	Province	Country	Postal code
Telephone Home	area code	Other area code	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 a professional mandated to do so or as the representative of the charitable organization.

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	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	area code	Extension	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English

2.4 Declaration and signature

This declaration must be signed by the person who is claiming the death benefit and who is identified in section 2.2 or 2.3.
I declare that all information provided on this application is true and complete.

Signature _____ Date

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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.**

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

Enter the deceased's Social Insurance Number

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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 your spouse's death (number, street apartment)			Your current address, if different (number, street, apartment)		
City			City		
Province	Country	Postal code	Province	Country	Postal code
Telephone area code		area code		Extension	
Home	Other	Extension			

3.2 Relationship to the deceased

At the time of the death, what was your relationship to the deceased?

a) We were **married** or **in a civil union**. Indicate the date of the marriage or civil union: _____ year month day

Place of marriage (city, province, country): _____

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

If you were still married or in a civil union but not living together, please indicate the reason for the separate living arrangements: _____

b) We were **de facto spouses**. Indicate the date you began living together: _____ year month day

c) We were **divorced** or **our civil union was dissolved**. Indicate the date: _____ year month day

d) We were **legally separated**. Indicate the date of separation: _____ year month day

If you checked **c)** or **d)**, did you **resume living together**? Yes No

If so, indicate the date: _____ year month day

Enter the deceased's Social Insurance Number

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3.3 Other information

a) Was a child born or is a child to be born of your union with the deceased? Yes No

b) Did you adopt a child together or did either of you adopt the other's child? Yes No

c) Are you disabled or do you consider yourself disabled? Yes No

d) At the time of your spouse's death:
 Did you have any dependent disabled children? Yes No
 Did you have any dependent children under 18? Yes No

e) Since the death of your spouse:
 Have you become responsible for any disabled children? Yes No
 Have you become responsible for any children under 18? Yes No

f) Other than the Old Age Security pension, are you receiving benefits (retirement pension, survivor's pension or disability benefits) under the Canada Pension Plan? Yes No

If so, indicate under which Social Insurance Number: _____

3.4 Payment by direct deposit

Please provide your banking information to sign up for direct deposit. Your pension will be paid directly into your bank account at a financial institution in Canada.

The account provided must be in your name or that of the beneficiary if you are applying on his or her behalf.

If you already receive a pension under the Québec Pension Plan by direct deposit, your benefits will be deposited in the same bank account. If so, you do not need to fill out this section.

Name of your financial institution	Branch number (transit)	Bank or caisse number	Account number (folio)
Address of your financial institution			

3.5 Declaration and signature of the deceased's spouse

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

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

Signature _____ **Date** _____ year _____ month _____ day _____

If this form was not completed by the spouse of the deceased, the person who completed it must provide the following information.

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

Sex	Family name	Given name
<input type="checkbox"/> F <input type="checkbox"/> M	Address	Postal code
Telephone	Other	Extension
Home	area code	area code

If you are an individual, you must also provide the following information:

Your Social Insurance Number	Your date of birth	Your mother's family name at birth (last name only)
	year _____ month _____ day _____	

To apply for an orphan's pension, complete PART 4.

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

Enter 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 accompanying information sheet.

a) Give 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. It is mandatory to include the **children's Social Insurance Numbers**, if any.

1st child			
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name at birth	Given name	Social Insurance Number
	Date of birth <small>year month day</small>	Place of birth (city, province, country)	
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**? Yes No year month day
If so, for an adopted child, indicate the date of adoption: year month day
 If the child **was** living with the deceased at the time of the latter's death, indicate since when: year month day
 If the child **was not** living with the deceased, specify the reason: _____
 Are you receiving financial assistance as a foster family or guardian of the child? Yes No

1st child			
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name at birth	Given name	Social Insurance Number
	Date of birth <small>year month day</small>	Place of birth (city, province, country)	
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**? Yes No year month day
If so, for an adopted child, indicate the date of adoption: year month day
 If the child **was** living with the deceased at the time of the latter's death, indicate since when: year month day
 If the child **was not** living with the deceased, specify the reason: _____
 Are you receiving financial assistance as a foster family or guardian of the child? Yes No

If there are more than two children, provide the additional information in Section 4.3.

b) Is an orphan's pension or a pension for a disabled person's child being paid under the Québec Pension Plan or the Canada Pension Plan for any of the children named above? Yes No

If so, indicate the Social Insurance Number of the deceased or disabled person: year month day

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4.2 Information about the person who provides for the children's need

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**.

Provide information on the identity of the person who provides for the children.

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, apartment)			
City	Province	Country	Postal code
Telephone area code	Other area code	Extension	
Home			

4.3 Other information about the children

Use this space if needed. Write 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 or accountant), the liquidator of the estate or a person who has a mandate or power of attorney.

I declare that all 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, etc.)?

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	
	Address	Postal code	
Telephone area code	Other area code	Extension	
Home			

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 (last name only)