Post-Retirement Spousal Benefits Application (New Spouse)

You may fill out this form electronically before printing it for your doctor's signature.

Use this form if you are a pensioner applying for survivor benefits for a new spouse.

1. Pensioner Information *(Completed by pensioner)*

Name: _____ | _____ | _____
first name | last name | middle initial(s)

Member Identifier Number: _____ Date of birth: __ | __ | _____
mm | dd | yyyy

Mailing address:

_____ | _____ | _____ | _____ | _____ | _____
number | street | apt. | city | province | postal code

Tel: _____ Email: _____

2. Post-Retirement Spouse Information *(Completed by pensioner)*

☐ Male ☐ Female ☐ Other Name: _____ | _____ | _____
first name | last name | middle initial(s)

Date of birth: __ | __ | _____
mm | dd | yyyy

Spouse's mailing address: ☐ (check here if the same as pensioner's, if not, please provide below)

_____ | _____ | _____ | _____ | _____ | _____
number | street | apt. | city | province | postal code

Relationship type: ☐ Marriage ☐ Common-Law

You and your spouse qualify as pension partners if you meet the Plan's criteria on the Eligibility page.

According to the Plan's definition, my spouse and I first became pension partners on:

__ | __ | _____
mm | dd | yyyy

Proof of age and proof of marriage/common law relationship documents for your spouse must be submitted with this application. As well, if you had a pension partner at retirement, and that partner has died, please submit proof of death with this application. See Instructions page for acceptable proof documents. *Further information may be requested.

3. Pensioner Authorization *(Completed by pensioner)*

The information on this form will assist PSPP in determining eligibility for post-retirement spousal benefits. I authorize my physician(s) to release to PSPP, its representative(s) and/or consulting physician(s), information relating to my health. This information is to be held in the strictest confidence, used to evaluate my application for post-retirement spousal benefits only, and is NOT granted for any other use or disclosure. I acknowledge that the information on this form must be completed by a physician and charges for the completion of this report, if any, are my responsibility. I certify that the information contained in this form is correct to the best of my knowledge.

Pensioner Signature: _____ Date: __ | __ | ____
mm dd yyyy

4. Pensioner Medical Information *(Completed by physician within 6 months of the application date)*

Please answer yes or no to the following questions, by ticking the appropriate box.

- Is your patient scheduled for an operation or surgery? ☐ Yes ☐ No
- Are you treating the patient for any medical condition? ☐ Yes ☐ No
- When did you last examine the patient? _____

If you answered "yes" to any of these questions, please provide details in the space below

5. Physician Information

Physician's Full Name: _____ Area Code: _____ Phone Number: _____

_____ | _____ | _____ | _____
address city, town, village, etc. province postal code

I certify that the information on this form is, to the best of my knowledge and belief, complete and accurate.

Physician Signature: _____ Date: __ | __ | ____
mm dd yyyy

Eligibility

To be eligible to provide PSPP survivor benefits for a new spouse:

1. You and your spouse or partner must meet PSPP's definition of Pension Partner where two persons are considered Pension Partners on any date on which one of the following applies:
   You are:
   - Married to each other and have not been living separate and apart for a continuous period longer than 3 years; or
   - Living together in a marriage-like relationship for at least three years, or
   - Living together in a marriage-like relationship for less than three years, and have a child by birth or adoption, from the relationship.
2. You must initiate the application process by January 1, 2026 or within one year of meeting PSPP Pension Partner criteria.
3. You must satisfy the Administrator that you are in good health.
4. You must not have another Pension Partner entitled to a PSPP survivor pension. If you had a Pension Partner and you are divorced or separated there must be a family property order or agreement stipulating the Pension Partner has no entitlement to any portion of the pension, including any survivor/death benefit, or the pension has already been divided with the former Pension Partner.
5. If your Pension Partner had previously completed a survivor benefit waiver that is filed with PSPP and did not validly revoke the waiver, you must not have named someone other than the Pension Partner as a Nominee to receive a survivor pension.

Pension Payments

If you choose to add a Pension Partner, your pension payable to you will be reduced on an actuarial equivalent basis to reflect the survivor pension available to your Pension Partner should you predecease them.

Instructions

The following instructions are designed to help you, a PSPP pensioner, complete the Post-Retirement Spousal Benefits Application (new spouse) for PSPP.

1. Pensioner Information

- Provide your name, date of birth, mailing address, home and work (if applicable) telephone numbers, and e-mail address.

2. New Spouse Information

- Provide your new spouse's name, date of birth, and contact information.
- Proof of age for your new spouse is necessary to determine the cost of providing post-retirement spousal benefits. Please attach proof of age for your new spouse. PSPP will accept one copy of a valid Canadian passport, birth certificate, citizenship papers, a valid Alberta Photo Card, or a valid Canadian driver's license.
- Proof of marital/common law relationship status is necessary to prove you have a new spouse entitled to survivor spousal benefits if you predecease him/her. A legible copy of an original marriage certificate or a notarized copy of a marriage certificate is acceptable as a proof of marriage. If you are unable to provide a document to support your marriage, PSPP will accept a statutory declaration or affidavit indicating date of marriage and your new spouse's name. Please attach the proof document to this application.

- If you are in a common-law relationship, PSPP will need a Pension Partner Status form to confirm that you and your partner have been living in a marriage-like relationship for a continuous period of at least three years or living together less than three years if you have a child through birth or adoption, from that relationship.
- If you had a pension partner at the time you retired, and that partner has subsequently died, PSPP will require a copy of the death certificate, a funeral director's statement, or a certificate of appointment of estate administrator with grant of probate as a proof of death document for your late partner. Please attach the proof document to this application.

3. Authorization

- By signing and dating this section, you certify that any Pension Partner you had at the time of your retirement is no longer alive, or that you do not have another Pension Partner or Nominee entitled to a PSPP survivor pension as described under the eligibility section of this form.
- You are also agreeing to PSPP's rules regarding the privacy of pension information and are certifying that all information provided via this form is correct and complete to the best of your knowledge.
- You understand that submitting this application does not constitute an agreement to change your monthly pension benefit, nor does it constitute you adding a Pension Partner and making them the sole beneficiary of your pension benefit.

4. Medical Information

- This section needs to be completed by a physician licensed to practice in Canada within 6 months of the application date.
- The three medical questions must be answered with either a "yes" or a "no" by ticking the appropriate box. If you answer "yes" to any of the questions, please provide additional details in the space provided.

The Administrator reserves the right to request additional information relating to the health of the pensioner in processing the application.

Next Steps

- You will be notified if your application has been approved or denied
- If approved, a post-retirement spousal benefits option package will be calculated and sent to you.
- To proceed to add a pension partner to receive post-retirement spousal benefits, submit your option election to PSPP within the timelines indicated in the package.

Personal information on this form is collected under the authority of section 40 of Schedule 2 of the Alberta Joint Governance of Public Sector Pension Plans Act and section 33 of the Alberta Freedom of Information and Protection of Privacy Act for pension administration purposes. If you have any questions regarding the collection of this information, contact the PSPP Member Services Centre at 1-877-453-1PSP (1777), or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9