

# Nova Scotia Health Employees' Pension Plan (NSHEPP)

## Declaration of Spousal Status at Date of *Death*

NOVA SCOTIA HEALTH EMPLOYEES' PENSION PLAN

Reg. # 0355925

*(This form is to be completed by the Executor/Spouse of the Plan Member – please print)*

Name:  Miss  Mrs.  Ms.  Mr. \_\_\_\_\_

Plan Member's Social Insurance Number (SIN): |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| Plan Member's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/

Plan Member's Address: \_\_\_\_\_  
number street apt. city province postal code

Employer: \_\_\_\_\_

### SPOUSAL DEFINITION

Pension legislation requires pension plans to confirm spousal status of plan members. The deceased member had a spouse for purposes of the Nova Scotia Health Employees' Pension Plan (NSHEPP) if she/he was in a relationship with someone who met the following definition at the date of the member's death:

**"Spouse" means either of two people:**

- (1) who are married to each other;
- (2) who are registered domestic partners under the terms of the Nova Scotia Vital Statistics Act; or
- (3) who are living together in a conjugal relationship for at the least the following time periods
  - a. If neither person is married to someone else, one year; or
  - b. If either person is married to someone else, three years.

**Please note:** It may be possible for more than one person to qualify as a "spouse" under this definition. Please contact NSHEPP staff if this applies to the member. **In no case will NSHEPP pay benefits in excess of the total amount that would have been payable if there had been only one spouse.**

### SPOUSAL STATUS DECLARATION

**I hereby declare that, at the date of death, the deceased member:**

- Was **single**       Was **divorced** *(A copy of the divorce decree is required if married during the period of Plan Participation)*       Was **widowed**
- Was **married and living with their spouse.**  
 Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ Spouse's SIN # /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ *(A copy of the marriage certificate is required)*
- Was **married and living separate and apart from their spouse, but not yet divorced.**  
 Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ Spouse's SIN # /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ *The spouse has waived entitlement to survivor benefits?  Yes  No*  
 Date of Separation: dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ *(If yes, a copy of the signed waiver or court order/written agreement incorporating the waiver is required)*
- Was **married and living separate and apart from their spouse, but not yet divorced and was currently in a common-law relationship with someone else.**  
 Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ Spouse's SIN # /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ *The spouse has waived entitlement to survivor benefits?  Yes  No*  
 Date of Separation: dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ *(If yes, a copy of the signed waiver or court order/written agreement incorporating the waiver is required)*  
 Common-law Spouse's Name: \_\_\_\_\_ Common-law Spouse's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ *Is this person legally married to someone else?  Yes  No*  
 Date of Cohabitation: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ Common-law Spouse's SIN # /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/
- Was **not legally married but living in a conjugal relationship as defined above.**  
 Common-law Spouse's Name: \_\_\_\_\_ Common-law Spouse's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ *Is this person legally married to someone else?  Yes  No*  
 Date of Cohabitation: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ Common-law Spouse's SIN # /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/
- Was **in a Registered Domestic Partnership** – under the terms of the NS Vital Statistics Act. *(A copy of the registration document is required)*  
 Registered Domestic Partner's Name: \_\_\_\_\_ Partner's Date of Birth: /dd\_\_\_\_\_/mm\_\_\_\_\_/yy\_\_\_\_\_/ Partner's SIN # /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

### PENSION DIVISION DECLARATION

**I certify that as of the date of this declaration:**

*(please choose one and provide a copy of the agreement or court order, if there is one)*

- No part of the member's pension entitlement under the Plan has been assigned to a spouse or former spouse by an agreement or court order as a result of a relationship breakdown, **OR**
- A portion of the member's pension entitlement under the Plan has been assigned to a spouse or former spouse as a result of a relationship breakdown.

### DEPENDENT CHILDREN

**Did member have 10 years or more of Continuous Service? If yes, did member have dependent children under age 18, or under age 23 and attending a recognized educational institution on a full-time basis? If yes, provide details below:**

Name: \_\_\_\_\_ Date of Birth: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| Social Insurance Number (SIN): |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

Name: \_\_\_\_\_ Date of Birth: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| Social Insurance Number (SIN): |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

Name: \_\_\_\_\_ Date of Birth: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| Social Insurance Number (SIN): |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

### CERTIFICATION

**By signing this document, I certify that the information provided is complete and accurate, and I acknowledge that NSHEPP will rely on this information to calculate and process pension benefit entitlements. I am responsible for any loss suffered by NSHEPP should the information I have provided prove to be incomplete or inaccurate.**

Signature of Person Making Declaration \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Print Name of Person Making Declaration \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Contact information of person making above declaration:  (check here if same as deceased member's, if not, please provide information below)

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please send the original to the Nova Scotia Health Employees' Pension Plan (NSHEPP) and make one copy for your files.**

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