

# Notice of Death

**1. MEMBER INFORMATION** (Completed by employer, or surviving spouse, or legal representative of the estate of the deceased)

Name:  Miss  Mrs.  Ms.  Mr. \_\_\_\_\_  
 Social insurance number (SIN): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
DD MM YYYY  
 Address: \_\_\_\_\_  
number street apt. city province postal code

**2. SPOUSAL DECLARATION** (Completed by surviving spouse, or legal representative of the estate of the deceased)

Pension legislation requires pension plans to confirm spousal status of plan members. The deceased member had a spouse/common-law partner, for purposes of NSHEPP, if either of the following applied at the date of the member's death:

**"Spouse"** means either of a man and woman who are married to each other, or who are registered domestic partners under the terms of the Nova Scotia Vital Statistics Act.

**"Common-law partner"** means another individual who has cohabited with the deceased member in a conjugal relationship for a period of at least two years, and neither of them is a spouse to another person, in accordance with the definition of "spouse" above.

I hereby declare that the deceased member:  Had a spouse/common-law partner.  
 Did NOT have a spouse/common-law partner.

Has any portion of the deceased member's pension entitlement been assigned as a result of a relationship breakdown?  Yes  No  
 Attach a copy of the applicable agreement/court order.

**Important Note for Death before Retirement:** If the deceased member and the spouse were separated at the date of the member's death, but had not yet obtained a divorce or terminated their registered domestic partnership, as applicable, and had not divided pension benefits by court order or separation agreement, as per the Nova Scotia Pension Benefits Act, the deceased member is considered to have had a spouse for Pension Plan purposes.

Spouse/common-law partner's Date of Birth: \_\_\_\_\_ Spouse/common-law partner's SIN: \_\_\_\_\_  
DD MM YYYY  
 Start date of cohabitation if common-law: \_\_\_\_\_ OR  
 Name of spouse/common-law partner: \_\_\_\_\_ Beneficiary's SIN: \_\_\_\_\_

I, the undersigned, certify that the above information, provided by me, is true to the best of my knowledge.

\_\_\_\_\_  
 Signature of person making above declaration

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

\_\_\_\_\_  
 Print name of person making above declaration

\_\_\_\_\_  
 Print name of Witness

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

\_\_\_\_\_  
 Date

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**3. DEPENDENT CHILDREN** (Completed by surviving spouse, or legal representative of the estate of the deceased)

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): \_\_\_\_\_  
DD MM YYYY  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Insurance Number (SIN): \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Insurance Number (SIN): \_\_\_\_\_

**4. FINAL PENSION INFORMATION** (Completed by Employer)

Date of Death: \_\_\_\_\_  
DD MM YYYY

If there is a difference between date contributions ceased and date of death, give reason here: \_\_\_\_\_

Date contributions ceased: \_\_\_\_\_

**A. Pensionable Data** (Breakdown between period 1 and period 2 required for years that had a rate change – if no rate change, use period 1)

Include 'deemed' amounts for unpaid leaves	Pensionable Earnings (incl. retro & lump sums)	Pension Contributions (incl. retro & lump sums)	Pensionable Lump Sum Payments	Pensionable Hours	Annual Full-time Equiv. Hrs (e.g. 1950 2080)	Last Hourly Rate	Effective Date of Last Hrly. Rate	Hourly Rate at Start of Year
Current Yr Period 1	\$	\$	\$			\$		\$
Current Yr Period 2	\$	\$	\$			\$		\$
Previous Yr Period 1	\$	\$	\$			\$		\$
Previous Yr Period 2	\$	\$	\$			\$		\$

**B. Retroactive Payments** (Breakdown between period 1 and period 2 required for years that had a rate change – if no rate change, use period 1)

Year & period retro payment was made	Year covered by retro payment	Earnings retro to prior period 1	Earnings retro to prior period 2	Contributions on retro to prior period 1	Contributions on retro to prior period 2
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

**C. Leaves of absence in current or previous year**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Did member contribute during this leave?  Yes  No  
DD MM YYYY DD MM YYYY  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Type of leave: \_\_\_\_\_

**D. Was member in receipt of LTD Benefits in current or previous year?**  Yes  No

**5. EMPLOYER INFORMATION** I certify that the information contained in this form is correct to the best of my knowledge.

Name of Employer: \_\_\_\_\_ Employer code: \_\_\_\_\_  
 Employer contact name: \_\_\_\_\_ Employer contact signature: \_\_\_\_\_  
DD MM YYYY  
 Date: \_\_\_\_\_ Employer contact e-mail: \_\_\_\_\_ Phone (and ext.): \_\_\_\_\_

Please send the original to the Nova Scotia Health Employees' Pension Plan (NSHEPP) and make one copy for your files.  
 NSHEPP • 2 Dartmouth Road • Bedford • NS • B4A 2K7  
 Tel: (902) 832-8500 Toll free: 1-866-400-4400 Fax: (902) 832-8506 website: www.nshepp.ca

# INSTRUCTIONS – NOTICE OF DEATH

The following instructions are designed to help you complete the Notice of Death for the Nova Scotia Health Employees' Pension Plan (NSHEPP).

**Please Note:** Date fields are to always be filled out as Day – Month – Year. 

DD	MM	YYYY

## 1. MEMBER INFORMATION

- Provide the deceased member's information.

## 2. SPOUSAL DECLARATION

- The surviving spouse, or legal representative of the estate of the deceased must complete this section. If there is a separation agreement or a court order that stipulates a division of the pension benefit, a copy of that separation agreement or court order must be submitted to NSHEPP before any benefit entitlements can be paid.

## 3. DEPENDENT CHILDREN

- If, at the date of death, the member had dependent children under age 18, or under age 23 and attending a recognized educational institution on a full-time basis, provide the required information as they may be entitled to a dependent benefit.

## 4. FINAL PENSION INFORMATION

- Provide the member's date of death. Also provide the date that contributions ceased. These two dates are usually the same unless the member was on a leave or on long-term disability immediately prior to the date of death. If the dates are different, give the reason in the space provided.

### A. Pensionable Earnings, Contributions and Service (refer to the *Quick Reference Guide to Pensionable Earnings* for further details)

- Provide the following for the current year (and for the previous year if that year-end has not already been submitted to the Pension Plan). A breakdown between period 1 and period 2 is required for years that had a contribution rate change – if no rate change, use period 1.
  - The member's **Pensionable Earnings**, including any 'deemed' earnings where contributions were paid during a leave period; retroactive payments; and, pensionable lump sum payments;
  - The member's **Pension Contributions** including contributions paid on 'deemed' earnings during a leave period; retroactive payments and pensionable lump sums;
  - Any **Pensionable Lump Sum Payments** that have been included in the total Pensionable Earnings figure (as Pensionable Lump Sum Payments are very rare, please provide details);
  - **Pensionable Hours** including 'deemed' hours where contributions were paid during a leave period;
  - The **Full-time Equivalent Hours** that a full-time employee in the same position would work during a full year (for example: 1950, 2080, and 1820).
  - The **Last Hourly Rate** (and **Effective Date** for that rate) that the member had at their date of death and at the end of the previous year.

### B. Retroactive Payments

- Breakdown between period 1 and period 2 is required for years that had a contribution rate change – if no change, use period 1.
- Complete this section if the member received any retroactive pay that applies to previous years. Retroactive pay that applies to the current year is not to be reported here. For example, if the member received a retroactive payment in the current year for \$1,000 and \$600 of this was for hours worked in the 2<sup>nd</sup> period of the prior year, and \$400 was for hours worked in the current year, it would be reported as follows:

Year & period retro payment was made	Year covered by retro payment	Earnings retro to prior period 1	Earnings retro to prior period 2	Contributions on retro to prior period 1	Contributions on retro to prior period 2
2013 - period 1	2012	\$ n/a	\$600	\$ n/a	\$46.92

### C. Leaves of absence in current or previous year

- Please indicate the start and end dates of any leave periods where no earnings were received and no contributions were made (include the previous year if that year-end has not already been submitted to the Pension Plan).
- If the member chose to contribute during their leave, do NOT report a leave for that period.

### D. Was member in receipt of LTD Benefits in current or previous year?

- Please indicate yes or no as there are pension entitlements for LTD recipients under the terms of the Plan.

## 5. EMPLOYER INFORMATION

- Sign and date the form, indicating that it is correct and complete to the best of your knowledge.
- Provide your contact information and include an e-mail address if you will accept questions from the Pension Plan concerning this Notice of Death via e-mail.

The following items are required in addition to the completed Notice of Death:

- Death Certificate
- Member's birth certificate
- Spouse's birth certificate (if applicable)
- Dependent's birth certificate (if applicable)
- Marriage certificate (if applicable)
- Direct Deposit Authorization form and Void Cheque (if applicable)