



PPCLI FOUNDATION

Survivor's Guide

Take Time Now to Plan

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4520 CROWCHILD TRAIL S.W.

CALGARY, ALBERTA T2T 5J4

www.ppclifoundation.ca

Survivor's Guide

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Take Time Now to Plan

This Guide complements the Foundation's Estate Planning Guide. Both are intended to assist you in bringing order to your family's plans and simplifying the burden for the family members who survive you. Completion of this guide will make it much easier for your executor and surviving family members to cope with their loss.

The purpose of Survivor's Guide: Take Time Now to Plan, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you. Please sit down and complete the Survivor's Guide: Take Time Now to Plan. Its completion will ease the burden for your survivors.

We recommend that you give consideration to matters such as:

- ☀ What funeral arrangements would you prefer?
- ☀ What will be the state of the family's finances if you die? If your spouse/partner dies?
- ☀ Where would be the most practical place for the survivor(s) to live?
- ☀ Specifically, who could be helpful to the survivor(s) in making major decisions?
- ☀ What benefits will the survivor(s) be eligible for?
- ☀ What records are needed to apply for those benefits, and where are they located?
- ☀ If you own a business, farm, or other enterprise, what should be done with it upon your death?
- ☀ What arrangements should be made for the care of dependent children in the event of simultaneous death of the parents?

Please take the time to plan now while it is just a chore, and not an additional burden later to those you leave behind. The death of a loved one is excruciating enough without the responsibilities of settling their affairs. Make the arrangements and assemble the documents that will at least make the financial and legal arrangements as simple as possible.

This publication provides a convenient place to list those arrangements and to record where valuable documents are kept. You will undoubtedly want to talk with an attorney, your life insurance agent, and other financial advisors to help assemble your affairs. You will want to make sure that both you and your spouse/partner have valid wills, that your life insurance program is adequate for the financial needs of your family, and that federal estate taxes will be held to a minimum.

Take the time to record your information here now. It is a caring way to help your family through what will be one of the most trying periods of their lives.

Vital Statistics

Title: _____ Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone Number _____ Occupation _____

Social Insurance Number: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Citizen of What Country: _____ Occupation: _____

Employer: _____ Business: _____

Years Employed: _____ Education: _____

Marital Status: _____ Maiden Name: _____

Name of Spouse: _____

Father's Name: _____

Father's Place of Birth: _____

Mother's Maiden Name: _____

Mother's Place of Birth: _____

Service or Regimental Number: _____ Rank: _____

Place and Date Entered Service: _____

Place and Date discharged: _____

War Service: _____

Preferred Funeral Director: _____

Place of Service: _____

Type of Service: _____

Clergy: _____

Type of Casket: _____

Glasses (on/off): _____ Jewelry to be Worn: _____

Clothing to be Worn: _____

Pallbearers: _____

Lodge, Society or Fraternal Organization: _____

Preferred Music: _____

Name of Cemetery: _____ Location: _____

Property, crypt, niche owned: _____

Location: _____

Final Disposition (earth burial, mausoleum entombment, cremation/interment, other): _____

Inscription on Memorial Tablet: _____

Funeral Arrangements Already Paid For: _____

Other Information: _____

Location of Important Documents

Adoption certificates _____

Birth Certificates _____

Death certificates _____

Divorce Documentation _____

Drivers Licenses _____

Income Tax Returns _____

Fraternal and trade societies with benefits provided _____

Lawyer's Contact Information _____

List of people to whom you owe money, and terms _____

List of people who owe money to you, with notes _____

Location of safes and combinations _____

Military Records _____

Notes Payables/ Receivables _____

Other investment statements _____

Passports _____

Pension, profit sharing, or other retirement, or death benefits _____

Physician's Contact Information _____

Real estate deeds, copy of mortgages _____

Software passwords, codes _____

Stock, Bonds and Securities certificates _____

Vehicle registrations and title _____

T4 / Earnings Records _____

Other Important Documents _____

Family Records and Information

Name: _____ Today's Date _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Legally Separated ☐ Widowed

Spouse's Name: _____

Full Names of Children

Place and Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List other people you may wish to include in your estate planning in addition to your spouse and dependent children:

Are you a Canadian Citizen: ☐ Yes ☐ No

Check if you have any of these at present: ☐ Will ☐ Living Will/Personal Directive*

☐ Enduring Power of Attorney

* In Alberta Personal Directive forms (Living Will in some jurisdictions) can be obtained and registered at www.seniors.alberta.ca/opg/registry. There is also advice on powers of attorney and wills on this site.

List any religious affiliations, charitable organizations you support, associations or memberships that you wish to include in your estate planning:

Family Records Location

Medical Records _____

Marriage Certificates _____

Other Important Family Records _____

Wills and Safe Deposit Boxes

Wills/ Trusts

- ☐ I have a will/trust.
- ☐ I do not have a will/trust. (NOTE: if you checked this box, you have an important duty to perform, now.)

Original and copies of my will/trust are located at: _____

Executor's name, address, and telephone number _____

Name of Attorney, address, and telephone number _____

Safety Deposit Boxes

- ☐ I do not have a safety deposit box
- ☐ It is held in my name only
- ☐ It is held jointly with _____

Box number _____

Name and location of bank _____

Location(s) of keys _____

Insurance and Annuities

Life Insurance

I have the following life & Life/long-term care insurance policies:

Insurance Company Policy #, Owner, Face Value, and Beneficiary

* If any policies listed are survivorships (last-to-die) plans, it is also important to notify the insurer.

Other Family Members:

Insurance Company Policy #, Owner, Face Value, and Beneficiary

Government Life Insurance

I served in the (branch of service) _____ from _____

to _____ and received the following type of discharge _____

My serial number was _____

The status of my government life insurance is as follows (expired or still in force; face amount):

Insurance and Annuities (continued)

The policy is located at _____

Other Government sources

My Family will be eligible for those benefits, which are checked and described below:

- ☐ Railroad Retirement
- ☐ Civil Service
- ☐ Active military veteran service-connected death
- ☐ Veteran non-service-connected death
- ☐ Benefits because of my employment by province or local government

My Veterans Affairs Canada ID Number is _____

Records and documents needed to apply for benefits are located at:

Health Insurance

Our health insurance policies (hospitalization, disability income, accident, long-term care, etc) are as follows:

Insured Insurance Co., Policy No., Type of Insurance

Annuities

We have the following annuities:

Insurance Co., Policy No., Annuitant, Beneficiary

Property/casualty insurance

We have the following types of insurance (homeowners, automobile, personal liability, business coverage, fire, vehicle, and disability etc.):

Insurance Co., Policy No., Type of Insurance

Policies for all insurance coverage and annuities are located:

Membership Organizations

Because of my membership in various organizations (union, trade associations, fraternal benefit society, etc.), my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

Organization and Type of Benefit:

The papers needed to apply for such benefits are located at:

Benefits Available Upon My Death

Available Death Benefits, Present Employer

My employer is (name, address, telephone number):

My family may be eligible for the following benefits from my employer upon my death. **Check all that apply:**

- ☐ Group life insurance
- ☐ Deferred compensation
- ☐ Group health insurance (death benefit)
- ☐ Credit union deposits
- ☐ Pension (survivor benefits)
- ☐ Profit-sharing plan (survivors benefits)
- ☐ Unpaid salary
- ☐ Other _____

If I am killed on the job, additional benefits may be payable to my family from:

- ☐ Worker's compensation
- ☐ SISIP
- ☐ Accident travel insurance, common carrier insurance, tickets purchased by credit card
- ☐ Other _____

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at:

Benefits Available Upon My Spouse's Death

Available Death Benefits, Present Employer

My employer is (name, address, telephone number): _____

My family may be eligible for the following benefits from my employer upon my death. **Check all that apply:**

- ☐ Group life insurance
- ☐ Deferred compensation
- ☐ Group health insurance (death benefit)
- ☐ Credit union deposits
- ☐ Pension (survivor benefits)
- ☐ Profit-sharing plan (survivor benefits)

- ☐ Unpaid salary
- ☐ Other _____

If I am killed on the job, additional benefits may be payable to my family from:

- ☐ Worker's compensation
- ☐ Accident travel insurance, common carrier insurance, tickets purchased by credit card
- ☐ Other _____

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at:

Old Age Security & Canada Pension Plan

The Allowance for the Survivor is a benefit available to people who have a low income, who are living in Canada, and whose spouse or common-law partner is deceased. You qualify for the Allowance for the Survivor if you meet **all** of the following conditions:

- you are aged 60 to 64 (includes the month of your 65th birthday);
- you are a Canadian citizen or a legal resident;
- you reside in Canada and have resided in Canada for at least 10 years since the age of 18;
- your spouse or common-law partner has died and you have not remarried or entered into a common-law relationship; and
- your annual income is less than the maximum allowable annual income, which is adjusted annually and in 2015 was \$23,256.

Using your income information from your federal Income Tax and Benefit Return, your eligibility for the Allowance for the Survivor is reviewed every year. If you still qualify, your benefit will be automatically renewed.

The Allowance for the Survivor stops the month after your 65th birthday, when you may become eligible for the Old Age Security pension and possibly the Guaranteed Income Supplement.

Further information about OAS and CPP may be found at:

www.servicecanada.gc.ca/eng/lifeevents/loss.shtml.

My Social Insurance Number: _____

Spouse's Social Insurance Number: _____

Children's Social Insurance Numbers:

To receive benefits you will need the following information:

- A certified copy of the death certificate;
- The deceased's Social Insurance Number;
- Information on the deceased's employer, and approximate earnings for the past two years, such as tax returns;
- Your marriage certificate; and
- Social Insurance Numbers and birth certificates for you and your dependent children.

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc.) The funeral director can order them for you.

Sources of Immediate Cash / Care of Dependent Children

Sources of Immediate Cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows:

During the period immediately following my spouse's death, the best sources for me to obtain cash to meet the additional expenses are as follows:

Care of Dependent Children

In the event my spouse and I both die while our children are young, the following arrangements have been made on their behalf (give name, relationship, address, and telephone number of guardian, and describe trust arrangements, if any):

Or, my will contains the following guardianship designation and trust arrangement:

Or, no official arrangements have been made to date, but my spouse and I would hope that the following arrangements could be made:

Trusts and Real Estate Information

Trust(s) that I Have Set Up: _____

The bank, trust company, or other fiduciary: _____

Trust officer: _____

Telephone number: _____

The trust is:

☐ Funded

☐ Unfunded

Trust(s) My Spouse Has Set Up: _____

The bank, trust company, or other fiduciary: _____

Trust officer _____

Telephone number: _____

The trust is:

☐ Funded

☐ Unfunded

Real Estate Owned

Home address: _____

It is owned:

☐ Jointly by _____

☐ Singly by _____

Mortgagor: _____

Telephone number _____

Location of mortgage or deed: _____

We have a second home at: _____

It is owned:

☐ Jointly by _____

☐ Singly by _____

Mortgagor: _____

Telephone number _____

Other real estate owned (excluding business, farm, or other enterprise):

Financial Assets

Bank Accounts (Including Savings & Loan Associations, Credit Union)

Chequing, savings, GICs, Bonds, Joint/Ind. Owned, Name & Location:

Location of passbooks, checkbooks, cancelled checks, and statements:

Stocks, Bonds, and Securities Portfolio:

Stocks, bonds, securities _____

Records located _____

Mutual Fund Companies _____

Records located _____

Money Market account(s) _____

Records located _____

Additional Financial Information:

Major debts (other than first mortgages and revolving charge accounts): _____

Money owed to us: _____

Location of notes payable and receivable: _____

Credit Cards:

Cards & Statements located at: _____

Other Financial/Household Finance Information:

Business, Farm, or Other Enterprise Information

Name of business _____

Kind of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation) _____

Other owners (if any): _____

Is the business subject to a buy/sell agreement? _____

Information on any other business interests or farms owned _____

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest _____

Location of business books, records and pertinent papers _____

Additional information _____

Person or persons who could offer sound advice in carrying on the business, or operating the farm - or in disposing of the business or farm (names, addresses, and telephone numbers)_____

Personal Letter of Direction

Dear Family and Friends:

As you know, maintaining harmony in the family has always been a priority with me. One way to continue this objective is to be sure there are no misunderstandings as to certain personal property items that are to be distributed at my death. I know from painful firsthand experience how a devastating family dispute can develop because these issues are not addressed at the appropriate time. I have given a great deal of thought as to how this goal might be accomplished. Therefore, on the following pages you will find a list of specific items to be distributed to specific individuals.

I recognize that some of the items do not have great monetary value. However, I do know that they are of great sentimental value to me, and perhaps will be to you as well. I hope you will find as much joy in receiving these items as I have had in gifting them to you.

I apologize if any of you feels slighted because I directed an item to someone else that you thought was intended for you. Please be assured that I have done my best to be sure that everyone is treated fairly. If I fall short in that desire it is because of my own shortcomings, and is not borne out of a desire to hurt anyone's feelings.

Thank you for your love and support.

My Personal Effects

At the discretion of my executor or next of kin, I suggest that the distribution of my personal effects (not covered in my will) be as follows (what it is and who is to receive it):

Item(s) Person to receive

[illegible]

Spouse's Personal Effects (if different)

At the discretion of my executor or next of kin, I suggest that the distribution of my personal effects (not covered in my will) be as follows (what it is and who is to receive it):

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

Funeral and Burial Preferences

(Husband)

Body or Organs to be Donated:

☐ Yes (indicate specific organs NOT to be donated, if any):

☐ No (see Health Care Enduring Power of Attorney, or Health Care (Personal) Directive)

Preferred mortuary: _____

City: _____

Province: _____

Place of Service: _____

Church: _____

Mortuary Chapel: _____

Church or Denomination: _____

Person to be in Charge of Final Arrangements: _____

(see Health Care Durable Power of Attorney, or Health Care Directive)

Relationship: _____

Telephone: _____

Description of Services Desired: _____

Special Readings or Music: _____

Service to be Conducted by: _____

Relationship: _____

Telephone: _____

Interment Requests

I prefer:

☐ Earth burial

☐ Cremation

☐ Mausoleum

Name of Cemetery:

City: _____

Province: _____

☐ I have reserved facilities (attach deed, and/or, other paperwork)

☐ I have not reserved facilities

Funeral and Burial Preferences

(Wife)

Body or Organs to be Donated:

☐ Yes (indicate specific organs NOT to be donated, if any):

☐ No (see Health Care Enduring Power of Attorney, or Health Care (Personal) Directive)

Preferred mortuary: _____

City: _____

Province: _____

Place of Service: _____

Church: _____

Mortuary Chapel: _____

Church or Denomination: _____

Person to be in Charge of Final Arrangements: _____

(see Enduring Power of Attorney, Living Will, Personal Directive or Health Care Directive)

Relationship: _____

Telephone: _____

Description of Services Desired: _____

Special Readings or Music: _____

Service to be Conducted by: _____

Relationship: _____

Telephone: _____

Interment Requests

I prefer:

☐ Earth burial

☐ Cremation

☐ Mausoleum

Name of Cemetery:

City: _____

Province: _____

- ☐ () I have reserved facilities (attach deed, and/or, other paperwork)
- ☐ () I have not reserved facilities

Obituary Information

This biographical information will be of help in preparing an obituary news story about me:

My obituary should be sent to the following newspapers: _____

This biographical information will be of help in preparing an obituary news story about my spouse: _____

My spouse's obituary should be sent to the following newspapers: _____

Announcement Information (For Media/Newspaper)

Name: _____

Residence: _____

Place of Birth: _____ Date of Birth: _____

Education: _____

Married to: _____

Wedding Date: _____ Religious Affiliation: _____

Clubs, Lodges, etc: _____

Military Service/War Record: _____

Information about Employment/Business: _____

Spouse, widow or widower of: _____

Place of Death of Spouse: _____

Date of Death of Spouse: _____

Children and Place of Residence: _____

Grandchildren and Place of Residence: _____

Siblings and Residence: _____

[illegible]

People to Contact - Husband

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

People to Contact - Wife

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Additional Instructions and Information

Additional instructions or information for survivors that has not been covered previously:

Date completed and/or updated: _____

My Signature _____

My Spouse's Signature _____

Witness _____

Address _____

Witness _____

Address _____

Useful Contact Information

Pension Offices

Canadian Forces Pension Office **Up to 31 December 2016**

Director Canadian Forces Pensions Services 5
National Defence Headquarters
Albion Tower
25 Nicholas Street, 10th Floor
Ottawa ON K1A 0K2
ATTN: DCFPS 5
Notices of death and questions about release and pension:
Ottawa region: 613-971-6012; toll free: 1-800-267-0325; facsimile: 1-866-719-4043
Email: pensions@forces.gc.ca
<http://www.forces.gc.ca/en/caf-community-pension/survivor-benefits.page>
Pension cheques, source deductions, mailing addresses, bank accounts, etc.:
Ottawa region: 613-952-9933; toll free: 1-800-267-0350 (Canada and US)

Government of Canada Pension Office **From 3 January 2017**

Public Works and Government Services Canada
Government of Canada Pension Centre – Mail Facility
P.O. Box 9500
Matane, QC G4W 0H3
Toll free Canada and US: 1-800-267-0235 (Mon-Fri 8 a.m. to 4 p.m. your local time)
Outside of Canada and US: 613-946-1093 (Mon-Fri 8 a.m. to 4 p.m. Eastern Standard Time – collect calls accepted)
Fax: 418-566-2865
pensioncentrecap.centredespensionsfac@tpsgc-pwgsc.gc.ca
Additional information on Canadian Forces pension plans may be obtained at the Canadian Forces Pensions Website: <http://www.tpsgc-pwgsc.gc.ca/fac-caf/accueil-home-eng.html>

Royal Canadian Mounted Police Pension Office

RCMP Benefits Administration Centre
c/o Morneau Shepell Ltd.
1060 University St., 9th Floor
Montréal QC H3B 4V3
Toll free within Canada and US: 1-800-661-7595
<http://www.pbs-sra.ca>

Judges Pension Information

Office of the Commissioner for Federal Judicial Affairs Canada (OCFJA)
99 Metcalfe St, 8th Floor
Ottawa ON K1A 1E3
Ottawa region: 613-995-5140; toll free: 1-877-583-4266
info@fja-cmf.gc.ca
<http://www.fja.gc.ca>

Quebec Pension Plan (QPP)

Régie des rentes du Québec
Case postale 5200
Québec QC G1K 7S9
Québec region: 418-643-5185
Montréal region: 514-873-2433
Other areas: 1-800-463-5185
TDD: 1-800-603-3540
http://www.rrq.gouv.qc.ca/en/programmes/regime_rentes/

Old Age Security (OAS)

Guaranteed Income Supplement (GIS) Monthly Allowance

Canada Pension Plan (CPP),
Look for “Pensions” in the Government of Canada pages of your telephone directory.
Toll free: 1-800-277-9914 (English), 1-800-277-9915 (French)
TTY: 1-800-255-4786
E-mail: isp-psr.mail-poste@hrdc-drhc.gc.ca
<http://www.servicecanada.gc.ca>

Insurance

Public Service Health Care Plan (PSHCP)

PSHCP enrolment matters, Queries regarding enrolment, coverage, and deductions must be directed to the plan member's respective pension office:

PS pensioners: toll free 1-800-561-7930 (English); 1-800-561-7935 (French)

CF pensioners: toll free 1-800-267-6542 or Ottawa region: 613-971-6011

RCMP pensioners: toll free 1-800-661-7595 or Ottawa region: 613-993-9071

Judge pensioners: toll free 1-877-583-4266 or Ottawa region: 613-995-5140

PSHCP claim matters:

For PS, CF, RCMP, and Judge pensioners, claims must be directed to Sun Life.

Sun Life of Canada Health Claims Office

P.O. Box 9601 CSC-T

Ottawa ON K1G 6A1

Ottawa region: 613-247-5100; toll free: 1-888-757-7427 (North America)

E-mail: Can_OttawaService@Sunlife.com

PSHCP appeal process. Send the full details to: Federal PSHCP Administration Authority office
PO Box 2245, Station D, Ottawa ON K1P 5W4
Fax: 1-613-565-2780

PSHCP out of province or out of country claims: Allianz Global Assistance, PSHCP, P.O. Box 277, Waterloo, ON N2J 4A4

For assistance for emergency health care in Canada or in the U.S., call toll free 1-800-667-2883
In all other countries, call collect at 1-519-742-1342

Fax: 519-742-2256

E-mail: infocanada@allianz-assistance.ca

Pensioners' Dental Services Plan (PDSP)

PDSP enrolment matters

Queries regarding enrolment, coverage, and deductions must be directed to the insured respective pension office.

PS pensioners: toll free 1-800-561-7930

CF pensioners: toll free 1-800-267-0350 or Ottawa region: 613-952-9933

RCMP pensioners: toll free 1-800-561-7930

Judge pensioners: toll free 1-877-583-4266 or Ottawa region: 613-995-5140

<http://www.tbs-sct.gc.ca/hr-rh/bp-rasp/benefits-avantages/pdsp-rsdp/pdsp-rsdp-eng.asp>

Claim matters

Sun Life Assurance Company of Canada - Dental claims Office

P.O. Box 9805 CSC-T

Ottawa, ON K1G 6M6

Ottawa region: 613-247-5100; toll free: 1-888-757-7427 (North America)

E-mail: Can_OttawaService@Sunlife.com

PDSP appeal process

To appeal an Administrator's decisions on a claim or eligibility, write to:

The Pensioners' Dental Services Plan
c/o Treasury Board of Canada Secretariat
Human Resources Branch
300 Laurier Avenue West, 5th Floor
Ottawa, ON K1A 0R5

Civil Service Mutual Benefit Society (CSMBS) For death claims:

Sun Life Insurance Company

Civil Service Mutual Benefit Society

P.O. Box 6075, Station CV

Montréal, QC H3C 3G5

Toll free: 1-800-361-2128 or 1-800-363-0636

Civil Service Insurance (CSI)

Service Canada - Civil Service Insurance

P.O. Box 12000

Bathurst, NB E2A 4T6

Toll free: 1-800-958-7833

Fax: 506-548-7428

Service Income Security Insurance Plan (SISIP) SISIP Financial Services, NDHQ 234 Laurier Avenue West, ground floor Ottawa, ON K1A 0K2 Ottawa region: 613-233-2177; toll free: 1-800-267-6681 Fax: 613-233-5857 http://www.sisip.com	Private Sector Plans & Services Johnson Home and Auto Insurance 1-800-563-0677 http://www.johnson.ca/fsna
MEDOC® Emergency Travel Insurance Johnson Inc., Group Services Department Ottawa region: 613-728-6557; toll free: 1-866-606-3362 http://www.johnson.ca/fsna	Long-Term Care Insurance Program 1-877-582-7526 http://www.johnson.ca/fsna
Memorial Society Consult your telephone directory https://memorialsocietybc.org/upon-loss/ Calgary Co-operative Memorial Society http://www.calgarymemorial.com	Assistance Funds RCMP Veterans Association Benefit Trust Fund The Royal Canadian Mounted Police Veterans' Association 1200 Vanier Parkway Ottawa, Ontario K1A 0R2 Toll-free: 1-877-251-1771 E-mail: rcmp.vets@rcmp-grc.gc.ca http://www.rcmpvetsnational.ca/
Canadian Forces Personnel Assistance Fund CFPAF 4210 Labelle Street Ottawa, ON K1A 0K2 Ottawa region: 613-943-8756; toll free: 1-888-753-9828 Fax: 613-996-4207 E-mail: cfpaf@cfpsa.com http://www.cfpsa.com/en/SupportOurTroops/OurFunds/CFPAF/Pages/default.aspx	Royal Canadian Naval Benevolent Fund RCN Benevolent Fund P.O. Box 505 Station B Ottawa, ON K1P 5P6 Ottawa region: 613-996-5087; toll free: 1-888-557-8777 Fax: 613-236-8830 E-mail: mailto:rcnbf@sympatico.ca http://www.rcnbf.ca
Royal Canadian Air Force Benevolent Fund This fund is operated by the Royal Canadian Legion - see address below.	Last Post Fund National Office 505 René Lévesque Blvd W, Suite 401 Montréal QC H2Z 1Y7 Toll free: 1-800-465-7113 Fax: 514-866-1471 E-mail: info@lastpost.ca www.lastpostfund.ca

Royal Canadian Legion

86 Aird Place,
Ottawa, ON K2L 0A1
Ottawa region: 613-591-3335 (look in your
telephone directory for local number)
Toll free: 1-888-556-6222
E-mail: info@legion.ca
www.legion.ca

Veterans' Affairs Canada

P.O. Box 7700
Charlottetown, PE C1A 8M9
Toll free: 1-866-522-2122 (English) or 1-866-522-
2022 (French)
E-mail: information@vac-acc.gc.ca
www.vac-acc.gc.ca
Foreign Countries Operations Unit
1-888-996-2242 (USA)
00-800-996-22421 (United Kingdom, Germany,
France, or Belgium) or
613-996-2242 (other countries, call collect)

Birth, Marriage, and Death Certificates Sources

British Columbia

Vital Statistics Agency
P.O. Box 9657, Station: Prov. Govt
Victoria, BC V8W 9P3
Tel: 250-952-2681; toll free: 1-888-876-1633
Fax: 250-952-2527
www.vs.gov.bc.ca

Alberta

Alberta Registry, Vital Statistics Service Alberta
P.O. Box 2023
Edmonton, AB T5J 4W7
Tel: 780-427-7013
Toll free: 1-877-401-4088
www.governmentsservices.gov.ab.ca/vs/

Saskatchewan

Vital Statistics, Information Services Corporation of
Saskatchewan
1301 - 1st Avenue
Regina, SK S4R 8H2
Toll free: 1-866-275-4721
Fax : 306-787-2288
E-mail: ask@isc.ca
www.isc.ca

Manitoba

Vital Statistics Agency
254 Portage Avenue
Winnipeg, MB R3C 0B6
Tel: 204-945-3701; toll free: 1-866-949-9296
(within Man. only)
Fax: 204-948-3128
E-mail: vitalstats@gov.mb.ca
vitalstats.gov.mb.ca/

Ontario

Office of the Registrar General
Service Ontario
P.O. Box 4600
189 Red River Road
Thunder Bay, ON P7B 6L8
Tel: 416-325-8305; toll free: 1-800-461-2156
Fax: 1-807-343-7459
www.serviceontario.ca

Quebec

Direction de l'état civil (Québec office)
2535, boulevard Laurier
Québec, QC G1V 5C5
Tel.: 418-644-4545
Direction de l'état civil (Montréal Office)
2050, rue De Bleury
Montréal, QC H3A 2J5
Tel.: 514 644-4545
Elsewhere in QC, toll free: 1-877 644-4545
E-mail: etatcivil@dec.gouv.qc.ca
www.etatcivil.gouv.qc.ca

New Brunswick Service New Brunswick Vital Statistics P.O. Box 1998 Fredericton, NB E3B 5G4 Tel.: 506-453-2385; toll free: 1-888-762-8600 Fax: 506-453-3245 E-mail: vitalstatistics@snb.ca www.snb.ca	Nova Scotia Vital Statistics P.O. Box 157 Halifax, NS B3J 2M9 Tel.: 902-424-4381 or within NS; toll free: 1-877-848-2578 Fax: 902-450-7311 E-mail: vstat@gov.ns.ca www.gov.ns.ca/snsmr/vstat/
Prince Edward Island Vital Statistics Division Department of Health 126 Douses Road P.O. Box 3000 Montague, PE C0A 1R0 Tel.: 902-838-0880; toll free: 1-877-320-1253 Fax: 902-838-0883 www.gov.pe.ca/vitalstatistics/	Newfoundland & Labrador Vital Statistics Division Dept. of Government Services P.O. Box 8700 5 Mews Place St. John's, NL A1B 4J6 Tel.: 709-729-3308 Fax: 709-729-0946 E-mail: vstats@gov.nl.ca www.gs.gov.nl.ca/birth/
Yukon Vital Statistics Box 2703 Whitehouse, YK Y1A 2C6 Tel.: 867-667-5207; toll Free in Yukon only: 1-800-661-0408 ext. 5207 Fax: 867-393-6486 E-mail: vital.statistics@gov.yk.ca www.hss.gov.yk.ca/programs/vitalstats/	Northwest Territories Vital Statistics Department of Health and Social Services 107 MacKenzie Rd, Room 205 Bag 9, Inuvik, NT X0E 0T0 Tel: 867-777-7400; toll free: 1-800-661-0830 Fax: 867-777-3197 E-mail: hsa@gov.nt.ca www.hss.gov.nt.ca/vital-statistics
Nunavut Vital Statistics Health & Social Services P.O. Bag 3, Rankin Inlet, NU X0C 0G0	Tel: 867-645-8001; toll free: 1-800-661-0833 Fax: 867-645-8092 www.gov.nu.ca

*For more information or to receive the
PPCLI Foundation Planned Giving Guide or the Estate Planning Guide, contact:*

plannedgiving@ppclifoundation.ca

or by Telephone (403) 698-5789

www.ppclifoundation.ca/plannedgiving



PPCLI FOUNDATION

PPCLI Foundation
4520 Crowchild Trail S.W.
Calgary, AB T2T 5J4

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