

## Retirement Death Benefit Certificate Checklist -

### Executive Government Retirees (for Human Resource Service Centre use only)

Please ensure all forms are completed and attached to this checklist. If any forms are not provided, it will cause a delay. The completed forms and checklist should be forwarded to the Plannera Pensions & Benefits.

**Attach a photocopy of your ID to the form (birth certificate, driver's license, or passport).** If the document is not in English, include an English version.

SECTION A: EMPLOYEE INFORMATION (Please Print)			
Employee Name		Date of Retirement (day/month/year)	Employee Number
Preferred Method of Contact:			
Email		Mail	
SECTION B: REQUIRED FORMS			
<b>RETIREMENT UNDER AGE 65 - ELECTED COVERAGE TO AGE 65 (FORMS REQUIRED)</b>			
<i>Group Life Insurance Enrolment Form</i>		Photocopy of ID	
<i>Retirement Death Benefit Certificate Request Form</i>		<i>Designation of Beneficiary Form</i>	
<i>Election to Continue to Age 65 form</i>		Email Disclaimer	
<i>Postdated cheque(s) for 3 months of premiums, if pension is with <b>PEPP only</b> (in instances where a pension payment is made from both PSSP and PEPP, premiums will be deducted monthly from the PSSP pension benefit)</i>			
<b>RETIREMENT UNDER AGE 65 - DID NOT ELECT COVERAGE TO AGE 65 (FORMS REQUIRED)</b>			
<i>Group Life Insurance Enrolment Form</i>		Photocopy of ID	
<i>Retirement Death Benefit Certificate Request Form</i>		<i>Election to Continue to Age 65 form</i>	
Email Disclaimer			
<b>RETIREMENT AT AGE 65 OR OVER - ELECTED COVERAGE TO AGE 75 (FORMS REQUIRED)</b>			
<i>Group Life Insurance Enrolment Form</i>		Photocopy of ID	
<i>Retirement Death Benefit Certificate Request Form</i>		<i>Designation of Beneficiary Form</i>	
<i>Election to Continue to Age 75 form</i>		Email Disclaimer	
<i>Postdated cheque(s) for 3 months of premiums, if pension is with <b>PEPP only</b> (in instances where a pension payment is made from both PSSP and PEPP, premiums will be deducted monthly from the PSSP pension benefit)</i>			
<b>RETIREMENT AT AGE 65 OR OVER - DID NOT ELECT COVERAGE TO AGE 75 (FORMS REQUIRED)</b>			
<i>Group Life Insurance Enrolment Form</i>		Photocopy of Birth Certificate	
<i>Retirement Death Benefit Certificate Request Form</i>		<i>Election to Continue to Age 75 form</i>	
Email Disclaimer			
Checklist Completed By (Please print)	Phone Number	Email	Date (day/month/year)