

# City of Fredericton Shared Risk Plan

## Request for Change of Information

Name Change     Beneficiary Change     Address Change

### GROUP

REGULAR

PUBLIC SAFETY OCCUPATION (MGMT.)

### EMPLOYEE INFORMATION

NAME

EMPLOYEE ID

DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

### CHANGE OF NAME OR ADDRESS

NEW NAME

NEW ADDRESS

### CHANGE OF BENEFICIARY

*I hereby revoke any previous appointments of beneficiaries I have made in respect of the above-named Pension Plan and I appoint as my beneficiary or beneficiaries the person or persons named below to receive any payment or payments due under the terms of the above-named Pension Plan in the event of my death.*

*Please note that if you have a legal or common-law spouse as defined in the Pension Benefits Act, your spouse will be your beneficiary regardless of who you have designated as beneficiary, except where the pension benefit has already been split or if a legal document exists stating that the spouse has no pension benefit entitlement.*

*If you are replacing a spouse as beneficiary due to death, please provide a copy of the death certificate for our files. If you are replacing a spouse due to a marriage breakdown please contact our offices so that we can provide you with the appropriate direction.*

*If your beneficiary is a minor, a trustee should be appointed to represent them. If more space is needed for additional beneficiaries please attach a separate sheet of paper.*

FULL LEGAL NAME

DATE OF BIRTH

RELATIONSHIP

SIN:        -        -

Percentage:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

GENDER:     Male  
                  Female

*I understand that this information is collected for the purposes of administering the above-named pension plan. By participating in this plan, I consent to the collection and use of this information by my employer and its representatives and/or service providers in connection with the administration of the plan.*

### AUTHORIZATION

SIGNATURE OF PLAN MEMBER

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

### RESERVED FOR TELUS Health

THE ABOVE CHANGE WAS ENTERED IN THE PLAN'S ADMINISTRATION DATA FILES  
AS REQUESTED BY :

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

## Definition of Spouse

As defined in the *Pensions Benefits Act* and the Plan text "spouse" means at the time a determination is required, unless otherwise prescribed in the *Pension Benefits Act*, either of two persons who:

(a) are married to each other:

(b) are married to each other by a marriage that is voidable and has not been avoided by a declaration of nullity:  
or

(c) have gone through a form of marriage with each other in good faith that is void and have cohabited within the preceding year.

For purposes of the Plan, the term "Spouse" shall also include Common-law Partners.

"Common-law partner" means at the time a determination is required with respect to a Member, a person who, not being married to the Member, has been cohabiting with the Member in a conjugal relationship for a continuous period of at least 12 months immediately prior to the time in question.

For the purposes of this definition, a Member and a person cohabiting in a conjugal relationship are deemed to continue to cohabit in the conjugal relationship until such time as they live separate and apart for a period of at least 90 days due to a breakdown in their conjugal relationship.

Important Note: It is possible under certain circumstances for more than one person to meet the definition of "spouse" or "common-law partner" as described above. In such cases it may be that a death benefit will be divided between or among spouses or common-law partners.

Please return completed documents to:

**TELUS Health**  
**40 Crowther Lane, Suite 300**  
**Fredericton NB**  
**E3C 0J1**

**Tel: 1-855-201-7830**

**Fax: 1-866-621-2139**

**Email: [info@frederictonsrp.org](mailto:info@frederictonsrp.org)**