NORTHERN EMPLOYEE BENEFITS SERVICES
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5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

DECLARATION OF ELIGIBLE DEPENDENT CHILDREN PENSION

COMPLETE THIS FORM IF YOU HAVE ELIGIBLE DEPENDENT CHILDREN AS DESCRIBED BELOW. ELIGIBLE DEPENDENT CHILDREN WILL AUTOMATICALLY RECEIVE A PRE-RETIREMENT SURVIVOR DEATH BENEFIT OR A SURVIVOR PENSION UNTIL THEY NO LONGER QUALIFY AS A DEPENDENT.

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

DECLARATION OF ELIGIBLE DEPENDENT CHILD(REN)

"Eligible Dependent Child(ren)" means, as at the date you retire, terminate employment, or die, your natural child, stepchild, common-law child or adopted child, who is(are) financially dependent you for support and;

- Less than eighteen (18) years of age OR;
- Between the ages of eighteen (18) and twenty-five (25) and is in full-time attendance at a school or other educational institution continuously since their eighteenth (18th) birthday or the date of your death, whichever is later.

Common-law child(ren) shall mean any child(ren) who have cohabitated with the Employee for a minimum of 12 consecutive months, unless in attendance at an accredited university or similar institution and have been publicly represented as the Employee's child(ren) and supported by the Employee.

I, (Last Name, First Name) _____, for the purposes of the NEBS Pension Plan, declare that I have an eligible dependent child(ren), as defined above.

Child's Name (Last Name, First Name)	Natural, Adopted, or Common-law	Child's Date of Birth (dd/mm/yyyy)	Child's SIN

The following documents are required prior to disbursement of any survivor benefits:

- Proof of age documents for each eligible dependent child
- Proof of adoption for each adopted child
- Employee Declaration of Student Eligibility or proof of attendance at an accredited university or other educational institution for each dependent child between the ages of 18 and 25.
- Proof of SIN

AUTHORIZATION

I hereby declare that the information supplied above is a true statement of fact. I understand that information contained on this statement is subject to verification in the event that any survivor benefits become payable in respect of my NEBS pension benefit. I further understand that once verification is received, any survivor benefit payable from the plan will be based on the child(ren) declared above remaining as an eligible dependent child as per the plan's definition at the time the survivor benefit becomes payable.

Member Signature

Print Name of Witness (Last Name, First Name)

Date

Witness Signature

Address of Witness