BRITISH COLUMBIA

CERTIFICATION OF DEATH OF SPOUSE OR DEPENDENT

INSTRUCTIONS:

- This form is to be completed in full by the Human Resources Office upon the death of an eligible employee's spouse or dependent.
- Forward to: Benefits Service Centre, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.
- Additional information and forms are available on our Internet: **www.bcpublicservice.ca/benefits**, or contact the Benefits Service Centre at **250 544-5544** or toll-free at **1 877 277-0772.**

Freedom of Information and Protection of Privacy Act (FIPPA)
The information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the FIPPA. Please direct questions about the collection or use of this information to the Senior Benefits Administrator, Benefits Service Centre at 250 544-5544 or toll-free at 1 877 277-0772, Block E, 2261 Keating Cross Road Saanichton BC V8M 2A5.

PART A – EMPLOYEE INFORMATION

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL INSURANCE NO.

EMPLOYEE HOME ADDRESS	CITY	PROVINCE	POSTAL CODE

MINISTRY / EMPLOYER NAME	LOCATION – *Office Address & City*

DEPARTMENT ID	EMPLOYEE ID	CLASSIFICATION
–		

MARITAL STATUS

☐ SINGLE ☐ MARRIED ☐ COMMON-LAW ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

PART B – SPOUSE/DEPENDENT INFORMATION

Indicate (✔) status of deceased: ☐ SPOUSE ☐ DEPENDENT

SPOUSE / DEPENDENT LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL INSURANCE NO.

DATE OF BIRTH YYYY / MM / DD	DATE OF DEATH YYYY / MM / DD	RELATIONSHIP TO EMPLOYEE

ADDRESS – *If different from employee*	CITY	PROVINCE	POSTAL CODE

PART C – EXECUTOR OR LAWYER – *if applicable*

EXECUTOR OR LAWYER LAST NAME	FIRST NAME	MIDDLE INITIAL

RELATIONSHIP TO EMPLOYEE

ADDRESS	CITY	PROVINCE	POSTAL CODE

PART D – CERTIFICATION – *the information on this form is certified correct*

AUTHORIZED SIGNING OFFICER SIGNATURE	TELEPHONE NO.	DATE SIGNED YYYY MM DD
▶	( )	

BCPSA 19 Rev. 2005/8/29

Distribution:
- Benefits Service Centre
  Fax No.: 250 652-4882
- Ministry/Employer

Clear Form