

Application for Statement of Benefits Upon Cessation of Conjugal Relationship

This form is to be completed by the member or member's spouse who wishes to obtain a statement of the value of the member's accumulated benefits under the plan. This application may be filed:

- upon application for separation from bed and board, divorce, or marriage annulment, for the dissolution of a civil union or for the payment of a compensatory allowance;
- for the purpose of a pre-hearing mediation concerning a family matter or of a joint procedure before a notary for the dissolution of their civil union;
- when there is cessation of the conjugal relationship between common-law spouses.

Please print in dark ink (black or dark blue)

A Identification of member			
Last name		First name	
Social Insurance Number	Date of birth Day Month Year	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Address			
City		Province	Postal code
Telephone (day) Area code.	Email (optional)		

B Identification of member's spouse			
Last name		First name	
Date of birth Day Month Year	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	
Address			
City		Province	Postal code
Telephone (day) Area code.	Email (optional)		

C Documents to include with this form	
1. For married spouses	
<input type="checkbox"/> proof of the date of your marriage; <input type="checkbox"/> proof of the date of the institution of the action (proof not required if the application is for a mediation).	
2. For common-law spouses	
<p>If you have been in a conjugal relationship for at least 1 year, but less than 3 years, you must include proof of one of the following:</p> <input type="checkbox"/> that a child has been born or will be born of your union (by providing, for instance, a birth certificate); <input type="checkbox"/> that you have jointly adopted at least one child during the period of your conjugal relationship (by providing, for instance, a birth certificate issued after the adoption); <input type="checkbox"/> that one of you has adopted at least one child of the other during the period of your conjugal relationship (by providing, for instance, a birth certificate issued after the adoption).	

D Declaration required for common-law spouses (this section must be completed by both common-law spouses)

We, the undersigned, hereby declare that:

1. The member identified in Part A of this form is not married or in a civil union.

2. The date our conjugal relationship started is:
Day Month Year

3. The date our conjugal relationship ended is:
Day Month Year

4. We are requesting a statement of the benefits that have accumulated in the *Régime complémentaire de rentes des techniciens ambulanciers/paramédics et des services préhospitaliers d'urgence* by the member identified in this form.

Signature of member: _____ Date: _____

Signature of common-law spouse: _____ Date: _____

E Declaration required with respect to a mediation (this section must be filled out by the member, his or her spouse and their mediator)

I declare that I am a certified mediator and that I have obtained the mandate of the persons identified in parts A and B of this form to conduct a family mediation.

Mediator's name: _____

Telephone
Area code

Signature: _____ Date: _____

We, the undersigned, hereby declare that:

Date of termination of our common-law relationship:
Day Month Year

We are requesting a statement of the benefits that have accumulated in the *Régime complémentaire de rentes des techniciens ambulanciers/paramédics et des services préhospitaliers d'urgence* by the member identified in this form.

Signature of member: _____ Date: _____

Signature of common-law spouse: _____ Date: _____

**For additional information, please contact
Aon Hewitt as follows:**

PLEASE SEND THIS FORM TO AON

RRTAP
PO Box 2220, Stn Don Mills
Toronto ON M3C 0M7

QUESTIONS?

Customer Contact Center :
Phone: 1 866 874-4069 toll free
Fax : 514 845-0678
Email : rrtap@aon.ca