



The Public Service Pensions Plan

Change of Circumstance Form (Dependent Children)

In the event that the number of dependent children has changed, please complete and **return this form to the Director, Plan Administration, Public Service Pensions, along with your child's Birth Certificate or Passport.**

In the event that your child is in full-time education, please provide a letter from the Institute stating such. Please **provide us with the original certificates**, which will be returned to you.

Dependent Children (means participant's children including an adopted child who was adopted in a manner recognised by Law, an illegitimate child, a posthumous child, or a step child - under age 18, under 23 if in full-time education, or mentally/physically incapable of employment)

First Child's Name:	First:	_____
	Middle:	_____
	Last:	_____
First Child's Date of Birth:		Day ____ Month ____ Year ____

Second Child's Name:	First:	_____
	Middle:	_____
	Last:	_____
Second Child's Date of Birth:		Day ____ Month ____ Year ____

Designated Guardian (if other than spouse): Contact the Public Service Pensions Board for a separate form for each Dependent Child.	_____
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Participant's Name (Please Print) _____

Signature: _____ Date: _____

Telephone No.: _____

Participant's ID Number: _____

Email address: _____