

Canada Post Corporation Registered Pension Plan Canada/Quebec Pension Plan (CPP/QPP) Declaration Form

CRA¹ No. 1063874, OSFP² No. 57136

This form is required for the purpose of administering the Canada Post Corporation Registered Pension Plan (the Plan). It must be completed at retirement by all Plan members who are less than 65 years of age.

Important:

If you are in receipt of CPP/QPP **disability** benefits, you are not entitled to a bridge benefit. If you do become entitled to CPP/QPP **disability** benefits or retroactive CPP/QPP **disability** benefits while receiving a bridge benefit, you must notify the Pension Centre immediately.

If you fail to report this to the Pension Centre, you will be required to repay any bridge benefit overpaid to you.

If you are less than age 65 and in receipt of a CPP/QPP reduced benefit, you remain entitled to the bridge benefit until the age of 65, as long as you are not receiving CPP/QPP **disability** benefits.

1. Plan member information				
Last name		First name		
Employee number	Street address			
City	Province	Postal code	Telephone number	
2. Declaration (Put a checkmark (✓) below in the box that applies to you. Check one box only.)				
I do hereby declare that:				
<input type="checkbox"/> I am not in receipt of CPP/QPP disability benefits. If I become entitled to CPP/QPP disability benefits, whether it occurs before or during my retirement from Canada Post, and I am still under 65 years of age, I will call the Pension Centre and also forward a copy of my award letter* to them.				
<input type="checkbox"/> I am in receipt of CPP/QPP disability benefits. I will forward a copy of my award letter to the Pension Centre.				
<input type="checkbox"/> I have applied for CPP/QPP disability benefits. If I become entitled to CPP/QPP disability benefits, whether it occurs before or during my retirement from Canada Post, and I am still under 65 years of age, I will call the Pension Centre and also forward a copy of my award letter* to them.				
<small>* You are required to verbally inform the Pension Centre of your entitlement to CPP/QPP disability benefits by calling 1-877-480-9220 (1-866-370-2725 TTY), but are also required to forward a copy of your award letter.</small>				
3. Certification and signature				
I hereby certify that I have carefully reviewed the information included in this form, and confirm the declaration set out above.				
Member signature		Date member signed (mm/dd/yyyy)		
Witness signature		Date witness signed (mm/dd/yyyy)		
Witness name (print complete name)		Witness telephone number		
Send this completed, signed and witnessed form to: <small>(along with your CPP/QPP disability benefit award letter, if applicable)</small>		Canada Post Pension Centre PO Box 6300 STN B MSSISSAUGA ON L4Y 0H1		

The official Plan text governs the actual benefits from the Plan and is the final authority in any case of dispute.

¹ Canada Revenue Agency

² Office of the Superintendent of Financial Institutions