

## Death-in-Service Checklist

This form is used by the employer to assist in providing LAPP the required documents on record for a member who passed away prior to their pension commencement date. Please complete the checklist and attach the required documents on record for the deceased member. Once completed, please send documents to:

LAPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9  
Fax: 780-421-1652

member's first name

member's middle name

member's last name

member's social insurance number or member's identifier

employer name

employer number

Member's termination (T18-1) has been submitted and the member's date of death is \_\_\_\_\_\*.

\* If the member was participating in LAPP at the time of their death, please ensure that the termination date (YYYY/MM/DD) being reported matches the date of death

**Please provide the following information on record, and indicate which document(s) are attached to this form.**

Member's proof of age, e.g. birth certificate or passport (supporting name change, if necessary)

Member's proof of death, e.g. death certificate or Funeral Director's Statement of Death

Member's most recent *Pension Partner Information* or *Designation of Beneficiary(ies)* form(s)

Information related to member's relationship status, e.g. marriage certificate, proof of common-law relationship

Information related to the pension partner, if applicable, e.g. the pension partner's name, date of birth, social insurance number

### Employer Authorization

By signing this form, I acknowledge that all applicable information and documents have been provided to LAPP.

name of authorized person (please print)

phone number

signature of authorized person

date (YYYY/MM/DD)

For further information employers may refer to the *Pension e-guide* or contact LAPP Employer Services at 1-877-391-3675.