Certificate of Health

Public Service Pension Plan (PSPP)

Use to determine if an OPB client is in good health for their age, as part of an application for an increased survivor pension, or a post-retirement marriage survivor pension.

OPB client completes page 1. Physician completes page 2.

OPB client number

OPB client information - read information on page 2 before completing this form

OPB client last name (please print)	OPB client first name	Initials

Section A - Health questionnaire (attach an additional page if needed)

1. Have you consulted a physician or had any disease/illness in the last 5 years? ☐ Yes ☐ No

   If yes, give details

2. Are you now free from disease or symptoms of disease? ☐ Yes ☐ No

   If no, give details

3. Are you in good health for your age? ☐ Yes ☐ No

   If no, give details

4. Do you know of any impairments existing now in your health or physical condition that may affect your longevity? ☐ Yes ☐ No

   If yes, give details

5. Have you any condition for which an operation or hospitalization has been advised, or is being contemplated within the next year? ☐ Yes ☐ No

   If yes, give details

Sign and date - keep copies of all completed forms for your records

I declare that my statements on this form are true and complete to the best of my knowledge.

I authorize OPB to release my medical information to OPB's medical consultants, solely for the purpose of an assessment on the state of my health for my survivor pension application, and for no other purpose. For this purpose, I also authorize medical consultants to release my medical information to OPB.

	Date signed (YYYYMMDD)	Contact telephone number
_____ OPB client signature		

Once signed, forward this form to your physician. You are responsible for paying any fees required for completing this report.

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used only to administer pension benefits. For more information or if you have any questions, contact Client Services or our Privacy Officer at:

Telephone: 416-364-5035 or **toll free** 1-800-668-6203 (Canada & USA) | **Fax:** 416-364-7578 | **OPB.ca**

Ontario Pension Board 200 King Street West, Suite 2200, Toronto ON M5H 3X6

OPB 1011 2020-06

OPB

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Section B - Medical assessment (completed by a physician)

The applicant must establish that they are in good health for their age, as part of their survivor pension application. Please complete page 2 of this form and **return it to the applicant**. OPB's medical consultant may wish to consult with you regarding the applicant's health. Note: The applicant is responsible for paying you any fees required for completing this report.

OPB client last name

OPB client first name

Initials

Based on my examination, I find that the applicant:

☐ is in good health for their age

☐ is **not** in good health for their age

Physician comments (attach an additional page if needed)

Physician last name (please print)

Physician first name

Initials

Office address

Date signed (YYYYMMDD)

Office telephone number

_____
Physician signature

The physician or medical professional signing this form must be recognized by the appropriate governing medical association in Canada or USA (e.g., Canadian Medical Association, American Medical Association).

About the Certificate of Health

Client	Additional information
Members	**Applying for an increased survivor pension** If you are applying for a 65%, 70% or 75% survivor pension within 2 years of retiring, complete this Certificate of Health AND an OPB 1006 - Increased Survivor Pension Application. We must receive **both** documents before we can review your application for an increased survivor pension.
Retired Members	**Applying for a survivor pension for new spouse after retirement** If you established a spousal relationship AFTER retirement and you are applying for a survivor pension for your new spouse, AND it has been MORE THAN 90 days since: - you were married or established a common-law relationship, or - your child ceased to be eligible for a survivor pension, **whichever occurred later.** Complete this Certificate of Health AND an OPB 1068 - Application for Survivor Pension. We must receive **both** documents before we can review your application for a survivor pension.
Common-law relationships	A common-law relationship is established after 3 continuous years of co-habitation or at the date of birth or adoption of your child, whichever is earlier.

FOR OPB USE ONLY:

☐ Application is APPROVED

☐ Application is DENIED

_____
Manager signature

Manager name (please print)

Date

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