Civil Service Superannuation Board

Report a death

We are sorry for your loss. We understand this may be a difficult time, with many details to take care of.

By completing this form, CSSB can pay pension and insurance benefits (if they apply). It also helps prevent pension overpayments, which must be returned to CSSB. If you prefer, you can share this information by phone (204.946.3200) or email (askus@cssb.mb.ca).

Section 1: Deceased member information

Name _____ PIN _____

Address _____

Province _____ City/town _____ Postal code _____

Date of birth _____ (YYYY/MM/DD) Date of death _____ (YYYY/MM/DD)

When you send us this form, please include a copy or picture of the **death certificate** or **funeral director's statement**.

- ☐ I've included a copy or picture of the document.
- ☐ I don't have a copy or picture of the document at this time.

Section 2: Surviving spouse / common-law partner information

If the member didn't have a spouse or common-law partner, leave this section blank.

Name _____

Address _____

Date of birth _____ (YYYY/MM/DD) City/town _____

Province _____ Postal code _____ Phone _____

Email _____

Section 3: Executor / administrator information

☐ The executor is also the spouse or common-law partner in Section 2. (If so, leave this section blank.)

Name

Relationship to the member

Address

City/town

Province

Postal code

Phone

Email

Section 4: Your information

If your information is the same as one of the sections above, leave this section blank.

☐ My information is the same as the spouse/partner's in Section 2.

☐ My information is the same as the executor/administrator's in Section 3.

Name

Relationship to the member

Address

City/town

Province

Postal code

Phone

Email

Section 5: More information

Is there anything else you'd like us to know?

Section 6: Send to CSSB

Online Services	member.mypension.ca/login
Secure upload	next.paubox.com/public/cssb/upload
Email	askus@cssb.mb.ca
Fax	204.945.0237
Mail	1200 – 444 St. Mary Ave. Winnipeg, Manitoba R3C 3T1