



DECLARATION OF DEPENDENTS for the purpose of granting benefits for regional disparities

THIS FORM MUST BE COMPLETED ONCE A YEAR BY ALL EMPLOYEES WHO ARE ELIGIBLE TO RECEIVE REGIONAL DISPARITIES FROM KATIVIK ILISARNILIRINIQ (hereinafter referred to as the School Board).

Return the duly completed and signed form and its appendices, if any, to Human Resources (HR): Declaration@kativik.qc.ca.

GENERAL INFORMATION

1. BENEFITS FOR REGIONAL DISPARITIES

The employee assigned to Nunavik or the employee who is a beneficiary assigned to Montreal is entitled to an isolation and remoteness premium that takes into account the employee's dependents. Additionally, the School Board pays the transportation costs of dependents, their personal belongings, and food cargo.

To receive these benefits, the employee must complete this form, even if he or she does not have dependents. The form must be completed annually and whenever there is a change in circumstances.

If this form is not received, the benefits for regional disparities will be granted without dependents.

2. DEFINITION OF DEPENDENT

2.1. Spouse

A spouse is defined as either of two persons who:

- a) are married or joined in a civil union and cohabitate;
- b) being of the opposite sex or the same sex, are living together in a conjugal relationship and are the father/mother of the same child;
- c) are of the opposite sex or the same sex and have been living together in a conjugal relationship for at least one (1) year;

The dissolution of marriage by divorce or annulment, or the dissolution of the civil union as provided for by law as well as any de facto separation for more than three (3) months in the case of persons living together in a conjugal relationship, cancels this status.

A *common-law spouse* is a person who is not married or joined in a civil union who is living in a conjugal relationship with another person.

2.2. Dependent

A dependent is:

- a) A child of an employee, of his or her spouse or of both;
- b) A child living with the employee for whom adoption procedures have been undertaken, unmarried and living or domiciled in Canada, who depends on the employee for his or her financial support and who is under 18 years of age;
- c) A child under 25 years of age who is a duly registered student attending a recognized learning institution on a full-time basis;
- d) A child of any age who has become totally disabled before his or her 18th birthday;
- e) A child of any age who has become totally disabled before his or her 25th birthday if he or she was a duly registered student attending a recognized learning institution on a full-time basis and has remained continuously disabled since.



2.3. Traditional adoption

For a traditional adoption to be valid, it must be recognized by a competent authority with supporting documents (for example, an official letter from the municipality).

3. ELIGIBILITY FOR REGIONAL DISPARITY BENEFITS FOR DEPENDENTS

3.1. Eligibility

To benefit from regional disparity benefits, dependents must permanently reside with the employee at the employee's locality of assignment.

3.2. Additional eligibility for children in school

The employee is entitled to benefits for regional disparities when:

- 1) The child attends school full-time at the pre-school, elementary or secondary level in a location other than the employee's locality of assignment;
- 2) The child is under 25 years of age and meets the following conditions:
 - a) The child attends on a full-time basis a post-secondary institution in a location other than the employee's locality of assignment;
 - b) The child has, during the 12 months prior to the commencement of his or her post-secondary education program, the status of a dependent;

The employee must provide supporting documents demonstrating that the child is studying full-time, such as proof of enrolment at the beginning of the term or school year.

The spouse who lives with the minor child because he or she attends school is recognized as a dependent under regional disparity benefits.

The employee is not entitled to benefits for regional disparities for a child who is not of school-age.

4. MODIFICATION AND DOCUMENTATION

The child(ren)'s birth certificate may be required.

The removal of a dependent is effective on the date the dependent is no longer a dependent.

The addition of a dependent shall be effective upon receipt of a new Declaration of Dependents form on the date upon which the child became a dependent, with retroactive effect of up to 30 calendar days where applicable.



DECLARATION OF DEPENDENTS FORM

Required information

| | |
|--|--|
| Name at birth | |
| First name(s) | |
| Usual first name, if different | |
| Social insurance number | |
| Date of birth | |
| Gender: Male / Female / Nonbinary | |
| Permanent address | |
| Telephone | |
| Permanent telephone outside Nunavik, if applicable | |

| | |
|----------------------|--|
| Position | <input type="checkbox"/> Teacher <input type="checkbox"/> Support <input type="checkbox"/> Professional <input type="checkbox"/> Manager |
| Place of assignment: | |

| |
|--|
| Marital status |
| <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married or in a civil union (attach supporting documentation if this your first declaration or a new situation – Complete Section B, Identification of Spouse). |
| <input type="checkbox"/> Common-law spouses (Complete Appendix A if this your first declaration or a new situation – Complete Section B, Identification of Spouse) |

Point of departure:

Comments:

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B. IDENTIFICATION OF SPOUSE (Refer to General Information – 2. Definition of Dependent)

| | | |
|--------------------------------------|-----------------------------|---|
| Name at birth | | |
| First name(s) | | |
| Date of birth | | |
| Gender: Male / Female / Nonbinary | | |
| School Board employee | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Employee of another Nunavik employer | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Complete Appendix C) Name of organization: |

C. IDENTIFICATION OF DEPENDENTS (Refer to General Information – 2. Definition of Dependent)

| | Last name and first name (ex.: DOE John, DOE Jane) | Date of birth (yyyy-mm-dd) | Gender: Male / Female / Nonbinary | Relationship | Will reside with me in Nunavik (If yes, indicate the scheduled date) |
|---|---|-------------------------------|--|--|---|
| 1 | | | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other, specify: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | Scheduled date: |
| 2 | | | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other, specify: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | Scheduled date: |
| 3 | | | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other, specify: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | Scheduled date: |
| 4 | | | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other, specify: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | Scheduled date: |
| 5 | | | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other, specify: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | Scheduled date: |

Attach a sheet to your declaration if you have more than 5 dependents.

| | |
|---|--|
| Do you have children studying outside of Nunavik? | <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete Appendix B) |
|---|--|

Return the duly completed and signed form to Declaration@kativik.gc.ca.

I declare that the information provided in this form and its appendices, if any, is true and correct. I agree to inform the School Board of any subsequent changes **within thirty (30) calendar days of the event.**

Employee signature

Date _____



AFFIDAVIT – COMMON-LAW SPOUSE

This affidavit must be signed before a Commissioner of Oaths and does not have to be resubmitted unless the family situation changes.

(Refer to General Information -2. Definition of Dependent).

I soussigné, _____,
(name of employee)

Declare under oath that _____
(name of common-law spouse)

And I have been living in a conjugal relationship for at least one (1) year.

Employee signature

Date

Sworn before me, at _____, this _____
(city) (date)

Name of Commissioner of Oaths

Signature

Position or job title of Commissioner

Return Appendix A, duly completed and signed, to Declaration@kativik.qc.ca.



DEPENDENT CHILDREN PURSUING STUDIES OUTSIDE NUNAVIK

Complete this appendix if you have dependents pursuing their studies outside Nunavik.

Attach supporting documents (letter from the school or registrar's office) if the dependent is in adult education, vocational training, college, or university.

Employee name

Employee No. or Social
Insurance No.

| | Last name and first name of the child (ex.: DOE John, DOE Jane) | Date of birth (yyyy-mm-dd) | Studies |
|---|--|-------------------------------|---|
| 1 | | | <input type="checkbox"/> Preschool, elementary, secondary <input type="checkbox"/> Adult education <input type="checkbox"/> Vocational training <input type="checkbox"/> College, University |
| 2 | | | <input type="checkbox"/> Preschool, elementary, secondary <input type="checkbox"/> Adult education <input type="checkbox"/> Vocational training <input type="checkbox"/> College, University |
| 3 | | | <input type="checkbox"/> Preschool, elementary, secondary <input type="checkbox"/> Adult education <input type="checkbox"/> Vocational training <input type="checkbox"/> College, University |
| 4 | | | <input type="checkbox"/> Preschool, elementary, secondary <input type="checkbox"/> Adult education <input type="checkbox"/> Vocational training <input type="checkbox"/> College, University |
| 5 | | | <input type="checkbox"/> Preschool, elementary, secondary <input type="checkbox"/> Adult education <input type="checkbox"/> Vocational training <input type="checkbox"/> College, University |

Attach a sheet to your declaration if you have more than 5 dependents.

If your spouse is not traveling to Nunavik with you in order to care for your child who is studying outside Nunavik, you are entitled to benefits for them (isolation premium with dependents and outings).

| | | |
|---|-----------------------------|------------------------------|
| The spouse will stay with the children in school: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|---|-----------------------------|------------------------------|

Return the duly completed and signed Appendix B to Declaration@kativik.qc.ca.

I declare that the information provided above is true and complete. I agree to notify the School Board of any subsequent changes **within thirty (30) days of the event.**

Employee signature

Date



DECLARATION OF SPOUSE'S EMPLOYER

This appendix must be completed by the spouse of the employee who receives benefits for regional disparities from an organization other than Kativik Ilisarniliriniq (KI). The purpose of this form is to avoid the duplication of northern benefits for employees of the public and para-public sector.

Complete Part I. The spouse must sign the document.

Section II must be completed by the spouse's employer.

Return **both parts** of the duly completed and signed Appendix C to Declaration@kativik.qc.ca.

PART I

I soussigné, _____,
(name of spouse)

Spouse de _____,
(Name of School Board employee)

Spouse's date of birth: _____

authorizes my employer to disclose the northern benefits to which I am currently entitled.

Signature

Date



PART II

TO BE COMPLETED BY THE SPOUSE'S EMPLOYER

| | |
|------------------|--|
| Employer name | |
| Address | |
| Telephone number | |
| Email | |
| Start date | |

Indicate the northern benefits provided to your employee and his or her dependents:

☐ **Northern allowance**

☐ with dependents, or

☐ without dependents

☐ **Food cargo**

☐ with dependents, or

☐ without dependents

☐ **Outings**

☐ with dependents, or

☐ without dependents

☐ **Housing**

☐ Yes

☐ No

Other relevant information:

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Name and title of the employer's representative

Signature of representative

Date

For more information, contact the School Board's Human Resources Department (Recruitment) at 1- 800-361-2244.