



The Certified Employee
Benefit Specialist® Program

GBA/RPA3 Navigating the Plan Environment

Study Materials Update—March 2026

This material is required reading for purposes of the CEBS program and the national exams for the GBA/RPA 3 course administered on or after April 15, 2026.

This update corrects earlier printings of the GBA/RPA 3 Study Guide, Fifth Edition in light of recent legislative changes. This update covers a partial replacement of Modules 1, 2, 3 and 4 of the Study Guide (First Printing: February 2025).

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How to Use This Update

For the printed version of the Study Guide:

Keep this update with your study materials. It should be read in conjunction with the assigned reading for GBA/RPA 3.

For the digital Study Guide:

These updates will be reflected in the digital versions of the Study Guide.

Instructions

There are two types of updates:

1. Minor—Where changes are made to a small section of the text, changes are indicated in **bold**.
2. Major—Entire sections are provided as a replacement.

Study Guide Module 1

Pages A-11 to A-12, Overview of Canada's Publicly and Privately Sponsored Social Security System: Remove the current pages A-11 to A-12 from your Study Guide and replace them with the new pages that follow. Reading A has been updated. A new paragraph has been added to the beginning of page A-11.

In recent years, the federal government has taken steps to expand access to certain supplementary health care services that have traditionally fallen outside the core insured services under the CHA, most notably through national initiatives related to prescription drug coverage and dental care. These initiatives reflect growing recognition of gaps in access for individuals and families without employer-sponsored benefits, and illustrate how governments may use targeted program design, income testing and cost-sharing arrangements to extend public coverage beyond hospital and physician services.

Legislation and Regulatory Overview of Government-Sponsored Social Security Programs

An overview of income security and health care program-specific legislation, regulatory bodies and funding, and administration authority flowing from the legislation is summarized in Exhibit II—Overview of Legislative and Regulatory Environment of Government-Sponsored Income Security and Health Care Programs.

Exhibit II

Overview of Legislative and Regulatory Environment of Government-Sponsored Income Security and Health Care Programs

INCOME SECURITY						HEALTH CARE
Program	Canada Pension Plan/ Québec Pension Plan	Old Age Security/ Guaranteed Income Supplement, Allowance, Allowance for the Survivor	Provincial/ Territorial Supplements	Employment Insurance	Workers' Compensation (WC)	Health Care
Federal	<ul style="list-style-type: none"> Canada Pension Plan Act Federally administered (except in Québec) Jointly funded by employers and employees 	<ul style="list-style-type: none"> Old Age Security Act Federally administered Federally funded from general tax revenues 		<ul style="list-style-type: none"> Employment Insurance Act Federally administered Jointly funded by employers and employees 		<ul style="list-style-type: none"> Canada Health Act Jointly funded by federal/provincial/territorial governments
Provincial/ Territorial	<ul style="list-style-type: none"> Act respecting the Québec Pension Plan Administered by Régie des rentes du Québec Jointly funded by employers and employees 		<ul style="list-style-type: none"> Some provinces and territories have their own legislation for supplements. Provincially/territorially administered 		<ul style="list-style-type: none"> Each province and territory has its own WC legislation. Provincially/territorially administered Funded by employers 	<ul style="list-style-type: none"> Each province and territory has its own health care legislation. Provincially/territorially administered

Useful Legislative Terms

Programs are regulated using various mechanisms. Throughout the course, the following terms are used:

- (a) *Laws*: Rules set by a governing body to control the actions of individuals and organizations. Laws are used to settle disputes, establish rules of conduct and protect individuals.
- (b) *Legislation*: Laws enacted by a governing body. For example, health care legislation includes laws related to providing health care.
- (c) *Act or statute*: A written law adopted by Parliament or a provincial legislature to establish, change or codify legal rules on a specific topic.
- (d) *Regulations*: Rules made by a government under the authority given by a statute. Regulations typically have the same legal power as a statute.
- (e) *Guidelines and policies*: Specific rules that are not legally enforceable unless mentioned in a regulation or act.

Delivery of Programs and Services

The following are the three main ways programs are delivered within Canada's social security system.

- (1) *Cash payments*: Many income security programs provide benefits as direct cash payments. Examples include OAS (including GIS and the Allowance), EI, the CPP/QPP, and WC.
- (2) *Goods and services directly*: Governments can provide goods and services directly at no cost or a subsidized cost. The main example is public health care, offered through provincial/territorial health care plans. Other examples include training programs under EI and rehabilitation services through WC.
- (3) *Income tax support*: Support can also be provided through the income tax system. This happens when individuals file their income tax returns. Tax support is typically linked to income replacement benefits, such as pensions, and includes tax credits, deductions and exemptions.

Many government programs use a combination of these methods to achieve their goals.

Study Guide Module 2

Pages 21 to 24, Learning Outcomes 5.5, 6.1 and 6.4: Remove the current pages 21 to 24 from your Study Guide and replace them with the new pages that follow. The answers to the Learning Outcomes have been updated.

Pages 27 to 28, Learning Outcomes 7.4 and 7.5: Remove the current pages 27 to 28 from your Study Guide and replace them with the new pages that follow. The answers to the Learning Outcomes have been updated.

Pages A-23 to A-26, Canada Pension Plan/Québec Pension Plan (CPP/QPP): Remove the current pages A-23 to A-26 from your Study Guide and replace them with the new pages that follow. Reading A has been updated with new information about the CPP/QPP survivor's pension, surviving child's/orphan's benefit and death benefit.

Pages A-29 to A-30, Canada Pension Plan/Québec Pension Plan (CPP/QPP): Remove the current pages A-29 to A-30 from your Study Guide and replace them with the new pages that follow. Reading A has been updated with new information about the CPP/QPP payment periods and payment amounts.

Pages B-1 to B-2, CPP/QPP Benefits and Contribution Schedules: Remove the current pages B-1 to B-2 from your Study Guide and replace them with the new pages that follow. Reading B has been updated with new information about the CPP/QPP benefits and contribution schedules.

Pages BIA-13 to BIA-14, Benefits in Action #2—"How can learning about the CPP drive better financial decisions today?" has updated information about CPP income reduction based on age. Remove the current pages BIA-13 to BIA-14 from your Study Guide and replace them with the new pages that follow.

5.5 Describe the death benefits payable in respect of the CPP/QPP retirement pension and the eligibility requirements associated with these benefits. (Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, pp. A-22 to A-24 and A-25, Reading B, CPP/QPP Benefits and Contribution Schedules, Study Guide Module 2, p. B-1)

The CPP death benefit is payable to the deceased contributor's estate. The QPP death benefit is paid to the person or charity who paid the funeral expenses if an application including proof of payment is made within 60 days of the contributor's death. If, after 60 days of the contributor's death, no application has been filed along with proof of payment, the death benefit can be paid to the deceased's heirs.

Under the CPP, the death benefit is a one-time lump-sum payment that normally is equal to \$2,500. A top-up of \$2,500 is payable to the estate of a deceased contributor if the contributor had not received CPP or QPP retirement or disability pension, and did not leave a surviving spouse or common-law partner.

Under the QPP, the death benefit is a one-time lump-sum payment with a maximum of \$2,500. However, if the deceased QPP contributor qualifies for a death benefit as a result of QPP special provisions (as described above under the minimum contributory periods section), the QPP death benefit is equal to the amount of contributions made by the deceased contributor, up to a maximum of \$2,500.

To qualify for payment of a death benefit, the deceased must have made CPP/QPP contributions for:

- (a) At least one-third of the total number of calendar years in their contributory period, with a minimum of three calendar years or
- (b) At least ten calendar years.

The QPP also considers a deceased contributor to have met the minimum requirements if both of the following apply.

- (a) The deceased contributor paid at least \$500 in QPP contributions.
- (b) No retirement pension or disability pension under the QPP or a similar plan was payable to the deceased contributor.

6



Learning Outcome

Describe the basic plan provisions for CPP/QPP survivor's benefits.

6.1 Describe the eligibility provisions that must be met to qualify for CPP/QPP

survivor's benefits. (Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, pp. A-22 to A-24)

Survivors' benefits include pensions to surviving spouses (called *survivor's pension*) and monthly flat-rate payments to dependent children (called *surviving child's benefit* or *orphan's benefit*) who meet certain eligibility provisions.

To be eligible to receive a survivor's pension in respect of the deceased contributor who met the minimum contributory requirements, an individual must meet one of the following definitions.

- (a) Under the CPP, a *survivor* is defined as a person who was married to the contributor or was the contributor's common-law partner at the time of death.
- (b) Under the QPP, a *surviving spouse* is defined as a person who was married to the contributor and not legally separated from bed and board, or is in a civil union with the contributor. If those requirements are not met, one can still be considered a surviving spouse if they have been living with the contributor in a de facto union for at least three years, or if there was a child born (or to be born) of that union or adopted.

Under the CPP/QPP, it is possible that no survivor's pension is payable if it is decided that the contributor's health, at the time of marriage, would not justify an expectation of surviving for one year after the marriage.

To be eligible to receive a surviving child's benefit/orphan's benefit in respect of a deceased contributor who met the minimum contributory requirements, an individual must meet certain definitions. The CPP uses the definition *dependent child* to determine eligibility. A dependent child is defined as:

- (a) Under 18 years of age
- (b) Between 18 and 25 years of age if in full-time attendance, or qualifying part-time attendance, at school or university
- (c) 18 years of age or older and disabled, such disability existing without interruption since the later of when the child reached age 18 or the date when the contributor died.

The QPP uses the definition *minor child* to determine eligibility. A minor child is a child of the contributor, either biological or adopted, who is under age 18. In addition, a child who is under age 18 and who is supported by a contributor for at least one year (with no other party providing support to the child) will also be eligible to receive a surviving child's/orphan's benefit.

6.2 Describe the method used to determine the amounts of a CPP survivor's pension.

(Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, p. A-25 to A-26)

The amount of the CPP survivor's pension depends on the age of the survivor and whether they are in receipt of their own CPP retirement or disability pension at the time of the contributor's death.

For a survivor of a deceased CPP contributor who is not receiving other CPP benefits, the CPP survivor's pension is:

- (a) 60% of the deceased contributor's retirement pension payable at age 65 if the survivor is age 65 or older or
- (b) 37.5% of the contributor's retirement pension payable at age 65 plus a flat amount if the survivor is under age 65.

For a survivor of a deceased CPP contributor who is receiving their own retirement or disability pension, the CPP survivor's pension is determined as described above and then combined with their retirement or disability pensions into a single monthly payment that is limited to a maximum, as follows.

- (a) If the survivor is receiving their own CPP retirement pension, the maximum combined payment is the maximum CPP retirement pension.
- (b) If the survivor is receiving a CPP disability pension, the maximum combined survivor's pension and disability benefit is the maximum CPP disability pension.

The CPP/QPP enhancement from 2019 on increased the amount of CPP survivor's pensions, in amounts that depend on how long the deceased contributor participated in the Additional Pension Plan.

6.3 Outline when CPP/QPP survivor's benefits start and stop being paid. (Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, p. A-24)

An application for a CPP/QPP survivor's pension must be submitted. A CPP/QPP survivor's pension is paid monthly after the application has been submitted. Payments are retroactive to the month following the month in which the contributor died. Under the CPP/QPP, payments can be retroactive to a maximum of 12 months after the date the application was received.

The CPP/QPP survivor's pension is paid for the lifetime of the survivor and stops with the payment for the month in which the survivor dies. Remarriage of the survivor does not cause payments for the CPP/QPP survivor's pension to stop.

Neither the CPP nor QPP allows a survivor to receive a CPP/QPP survivor's pension in respect of more than one deceased spouse or common-law partner. Where this occurs, the survivor receives the CPP/QPP survivor's pension that is determined as the higher amount.

6.4 Describe the basic terms of the CPP/QPP surviving child's/orphan's benefit.

(Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, pp. A-23 to A-24 and A-26)

A surviving child's/orphan's benefit is a flat rate payable monthly to each dependent child of a deceased contributor who made contributions for the minimum qualifying period.

Surviving child's/orphan's benefits start on the later of the month following the month in which the contributor died, or the month following the month when the child was born. The QPP specifies that the child must have been born within 300 days following the contributor's death. The CPP/QPP includes provisions allowing retroactive payment of a surviving child's/orphan's benefit, up to a 12-month period.

The surviving child's/orphan's benefit stops under the CPP/QPP when the child no longer meets the definitions of "dependent child" or "minor child" or when the child dies. Under the CPP, this means that if a dependent child between the ages of 18 and 25 stops attendance at school, the surviving child's/orphan's benefit stops being paid.

7.4 Explain how CPP/QPP disability pension amounts are determined. (Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, p. A-29)

The CPP disability pension is calculated as 75% of the contributor's retirement pension plus a flat-rate amount. The flat-rate amount is adjusted annually based on the pension index. The CPP Post-Retirement Disability Benefit is equal to the flat-rate amount of the CPP disability pension.

Under the QPP, if the contributor is under age 60, the disability pension consists of a fixed amount plus an earnings-related amount that reflects the contributor's pensionable earnings. For QPP contributors between ages 60 and 65, the total monthly amount is made up of a fixed amount disability pension and a QPP retirement pension.

7.5 Describe the basic terms of the CPP/QPP disabled contributor's child's benefit. (Reading A, Canada Pension Plan/Québec Pension Plan (CPP/QPP), Study Guide Module 2, pp. A-23 to A-24 and A-26; Reading B CPP/QPP Benefits and Maximums, p. B-2)

The disabled contributor's child's benefit is a payment made on behalf of each child of an individual who has qualified for the CPP/QPP disability pension. The child must meet certain qualifications applicable to CPP/QPP survivor's benefits. Unlike other maximum benefit amounts, the disabled contributor's child's benefit payable under the CPP is significantly higher than that under the QPP.

To qualify under the CPP, the child must meet the following definition of *dependent child*:

- (a) Under 18 years of age
- (b) Between 18 and 25 years of age if in full-time attendance, or qualifying part-time attendance, at a school or university, or
- (c) 18 years of age or older and disabled, such disability existing without interruption since the later of when the child reached age 18.

To qualify under the QPP, the child must be a *minor child* of the individual. A minor child is defined as a child of the contributor, either biological or adopted, who is under age 18 (i.e., the QPP stops at 18 even if in full-time attendance at a school or university). In addition, a child who is under age 18 and who is supported by a contributor for at least one year (with no other party providing support to the child) will also be eligible to receive a disabled contributor's child's benefit.

The CPP/QPP disabled contributor's child's benefit commences in the month in which the first disability pension is paid to the contributor or the month following the month in which the child is born or otherwise became a child of the disabled contributor.

Disabled contributor's child's benefits stop under the CPP/QPP when the child no longer meets the definitions of "dependent child" or "minor child" or when the child dies.

Under the CPP, this means that if a dependent child between ages 18 and 25 stops attendance at school, the disabled contributor's child's benefit stops being paid.

*Eligible Recipients***Death Benefit**

Under the CPP, the death benefit is payable to the deceased contributor's estate. Under the QPP, the death benefit is paid to the person or charity who paid the funeral expenses if an application including proof of payment is made within 60 days of the contributor's death. If, after 60 days of the contributor's death, no application has been filed along with proof of payment, the death benefit can be paid to the deceased's heirs.

Survivor's Pension

To qualify for a survivor's pension for a deceased contributor who met the minimum contributory requirements, an individual must meet one of the following definitions.

- (a) Under the CPP, a *survivor* is defined as a person who was married to the contributor or was the contributor's common-law partner at the time of death. Certain legal separations may affect eligibility.
- (b) Under the QPP, a *surviving spouse* is defined as a person who was married to the contributor and not legally separated from bed and board, or is in a civil union with the contributor. If those requirements are not met, one can still be considered a surviving spouse if they have been living with the contributor in a de facto union for at least three years, or if there was a child born (or to be born) of that union or adopted.

Under the CPP/QPP, it is possible that no survivor's pension is payable if it is decided that the contributor's health, at the time of marriage, would not justify an expectation of surviving for one year after the marriage.

Surviving Child's/Orphan's Benefit

To qualify for surviving child's/orphan's benefit for a deceased contributor who met the minimum contributory requirements, an individual must meet certain definitions.

The CPP uses the definition *dependent child* to determine eligibility for a surviving child's/orphan's benefit. A dependent child is defined as:

- (a) Under 18 years of age
- (b) Between 18 and 25 years of age if in full-time attendance, or qualifying part-time attendance, at school or university
- (c) 18 years of age or older and disabled, such disability existing without interruption since the later of when the child reached age 18 or the date when the contributor died.

Under the QPP, a *minor child* is defined as:

- (a) A biological or adopted child of the contributor under the age of 18, or
- (b) A child under the age of 18 who has been supported by the contributor for at least one year, with no other party providing support.

Payment Periods

Death Benefit

The CPP/QPP death benefit is a lump-sum, single payment made after proof of death has been provided.

Survivor's Pension

An application must be submitted to receive the CPP/QPP survivor's pension. Once the application is submitted, the pension is paid monthly and retroactive to the month following the contributor's death. Retroactive payments can cover up to 12 months before the application was received.

The CPP/QPP survivor's pension is paid for the lifetime of the survivor and stops with the payment for the month in which the survivor dies. Remarriage of the survivor does not affect the continuation of pension payments.

In cases where a survivor is entitled to a survivor's pension for more than one deceased spouse or common-law partner, only the higher survivor's pension is paid, as receiving benefits for more than one partner is not allowed under the CPP/QPP.

Surviving Child's/Orphan's Benefit

Surviving child's/orphan's benefits are paid monthly, starting on the later of the month following the month in which the contributor died, or the month following the month when the child was born. Under the QPP, the child must have been born within 300 days following the contributor's death. The CPP/QPP include provisions allowing retroactive payment of a surviving child's/orphan's benefit, up to a 12-month period.

The surviving child's/orphan's benefit stops under the CPP/QPP when the child no longer meets the definitions of "dependent child" or "minor child" or when the child dies. Under the CPP, this means that if a dependent child between the ages of 18 and 25 ceases attendance at school, the orphan's benefit stops being paid.

*Payment Amounts****Death Benefit***

Under the CPP, death benefit is a one-time lump-sum payment that normally is equal to \$2,500. A top-up of \$2,500 is payable to the estate of a deceased contributor if the contributor had not received CPP or QPP retirement or disability pension, and did not leave a surviving spouse or common-law partner.

Under the QPP, the death benefit is a one-time lump-sum payment with a maximum of \$2,500. However, if the deceased QPP contributor qualifies for a death benefit as a result of QPP special provisions (as described above under the minimum contributory periods section), the QPP death benefit is equal to the amount of contributions made by the deceased contributor, up to a maximum of \$2,500.

Survivor's Pension

For a survivor of a deceased CPP contributor who is not receiving other CPP benefits, the CPP survivor's pension is:

- (a) 60% of the deceased contributor's retirement pension payable at age 65 if the survivor is age 65 or older, or
- (b) 37.5% of the contributor's retirement pension payable at age 65 plus a flat amount if the survivor is under age 65.

For a survivor who is receiving their own retirement or disability pension, the CPP survivor's pension is determined as described above and then combined with their retirement or disability pensions into a single monthly payment that is limited to a maximum, as follows.

- (a) If the survivor is receiving their own CPP retirement pension, the maximum combined payment is the maximum CPP retirement pension.
- (b) If the survivor is receiving a CPP disability pension, the maximum combined survivor's pension and disability benefit is the maximum CPP disability pension.

For a survivor of a deceased QPP contributor who is not receiving other QPP benefits, the QPP survivor's pension is determined in the same way as under the CPP. However, the flat amount for survivors under age 65 is determined based on factors such as the survivor's age, whether the survivor is disabled and whether the survivor supports a dependent child of the deceased QPP contributor.

The maximum survivor pensions payable under the QPP are determined differently from those under the CPP. The maximum QPP retirement and disability pensions are also considered.

The CPP/QPP enhancements made since 2018 will increase the amount of CPP/QPP

survivor's pensions, in amounts that depend on how long the deceased contributor participated in the Additional Pension Plan.

Surviving Child's/Orphan's Benefit

The amounts payable as CPP/QPP surviving child's/orphan's benefits are flat amounts that are adjusted annually based on the pension index. Payments are made on behalf of a minor child to the person or agency who has custody and control of the child unless a minor child has applied to manage their own affairs. For a child between ages 18 and 25 receiving the benefit, it is paid directly to the child.

Disability Benefits

The CPP/QPP provides disability benefits to contributors who meet the eligibility provisions, called the *disability pension*, and to children of disabled contributors, called the *disabled contributor's child's benefit*.

Eligibility

Canadians who are under age 65 may be eligible to receive a disability pension if they meet the definition of disability and minimum contribution requirements described below.

Minimum Contributory Periods

To be eligible for CPP/QPP disability benefits, individuals must meet certain requirements related to their contributory period. The contributory period begins when the individual reaches age 18 and ends when they become disabled, excluding the following:

- (a) Any months when the individual was deemed disabled under the CPP/QPP
- (b) Any months when the individual was receiving a family allowance (and an indemnity, under the QPP) and their earnings were less than the YBE.

Minimum contribution requirements for CPP disability benefits are the following.

- (a) The individual made contributions for at least four of the last six calendar years either wholly or partly within the individual's contributory period, or if the individual's contributory period was less than six calendar years, then contributions must be made for at least four years. This is the requirement that generally applies.
- (b) If the individual contributed to the CPP for at least 25 years, contributions must be made for at least three of the last six years either wholly or partly within the individual's contributory period.
- (c) If the individual had been in receipt of CPP disability benefits, the individual contributed for each year after the month that the contributory's previous CPP disability benefits, if any, ceased.

If the individual is receiving a CPP disability pension at age 65, the CPP retirement pension will automatically begin without the need for a separate application.

CPP/QPP disabled contributor's child's benefits stop under the same conditions described earlier for CPP/QPP surviving child's/orphan's benefits (for example, when the child no longer meets the definition of a dependent or minor child, or on the child's death). For QPP, these benefits also cease when the contributor's disability pension stops. Under the CPP, benefits continue to be payable after the disabled contributor reaches age 65, provided the child continues to meet the definition of a dependent child.

Payment Amounts

The CPP disability pension is calculated as 75% of the contributor's retirement pension plus a flat-rate amount. The flat-rate amount is adjusted annually based on the pension index. The CPP Post-Retirement Disability Benefit is equal to the flat-rate amount of the CPP disability pension.

Under the QPP, if the contributor is under age 60, the disability pension consists of a fixed amount plus an earnings-related amount that reflects the contributor's pensionable earnings. For QPP contributors between ages 60 and 65, the total monthly amount is made up of a fixed amount disability pension and a QPP retirement pension.

CPP/QPP disabled contributor's child's benefits are payments made on behalf of the child to the disabled contributor if the child is in the custody and control of the contributor or otherwise to the person or agency having custody and control of the child.

Indexing of CPP/QPP Benefits

- (a) CPP/QPP retirement pensions are adjusted in January of each year using the pension index, as described above.
- (b) CPP/QPP disability pensions are adjusted each year using the pension index to determine the amount of the increase. In practice, the adjustment is the result of applying the pension index to the flat-rate component of the disability pension and the regular indexing of the CPP/QPP retirement pension that is used in the determination of the disability pension.
- (c) The CPP/QPP disabled contributor's child's benefit is adjusted each year using the pension index.
- (d) CPP/QPP survivor's pensions are adjusted using the pension index in the calculation.

Note: CPP/QPP death benefits are fixed dollar amounts and are not indexed.

Taxation

All CPP/QPP benefits are taxable to the recipient. For a minor child, where payments are made to the individual supporting the child, the benefit is taxable to the child. The death benefit is taxable to the estate of the deceased contributor.

Employer contributions made to the CPP/QPP are deductible from the employer's taxable income and do not confer a taxable benefit on the employee. Employee contributions to the Base CPP/QPP Plans give rise to a tax credit to the employee while contributions to the Additional Pension Plans are deductible from the employee's income.

Reading

B

CPP/QPP Benefits and Contribution Schedules

Summary of Maximum CPP/QPP Benefits as of January 2026

The following table shows the maximum amounts payable to individuals becoming eligible to receive payment for the first time on January 1, 2026 and after.¹ Note that the maximum benefits payable under the CPP and QPP are quite comparable, with the exception of the disabled contributor's child's benefit. The disabled contributor's child's benefit payable under the CPP is significantly higher than that under the QPP.

Summary of Maximum CPP/QPP Benefits as of January 2026

	CPP Maximum Payment Amount	QPP Maximum Payment Amount
Retirement pension at age 65 (monthly)	\$1,507.65	\$1,507.65
Retirement pension at age 60 (monthly)	\$964.90	\$964.90
Disability pension (per month)	\$1,741.20	See below
Disability pension for persons 18-59 (per month)	See above	\$1,737.67
Disability pension for persons 60-65 (per month)*	See above	\$610.43
<ul style="list-style-type: none"> • Additional amount for disability for beneficiaries of the retirement pension 		\$610.43
Death benefit (lump sum)	\$2,500	\$2,500
Death benefit (top-up)	\$2,500	\$0
Survivor's pension (age 65 and over (per month))	\$904.59	\$881.48
Surviving child's/orphan's benefit (under age 18 or full-time student) (per child per month)	\$307.81	\$307.81
Disabled contributor's child benefit (per child per month)	\$307.81	\$97.74
Children of disabled or deceased contributor benefit—part-time student	\$153.91	\$0

1. Drawn from the CPP website <https://www.canada.ca/en/services/benefits/publicpensions/cpp/payment-amounts.html>, and the QPP website https://www.rrq.gouv.qc.ca/en/programmes/regime_rentes/regime_chiffres/Pages/regime_chiffres.aspx.

*Disability pensions under QPP for contributors between the ages of 60-65 are a combination of the flat rate (\$610.43 for 2026) and a retirement pension under the QPP.

It is worth noting that “average” amounts being paid under the CPP/QPP are always quite a bit lower than the maximums. For example, as of October 2025, for new beneficiaries:

- (a) The average CPP retirement pension at age 65 (monthly) was \$803.76
- (b) The average CPP disability pension (per month) was \$1,191.72
- (c) The average survivor’s pension was \$320.39.

This is due to three factors:

- (1) Lower earnings don’t qualify for the maximum
- (2) Early retirees get less than the maximum
- (3) The impact of postponed retirement increases is not yet showing up in the average amounts being paid.

“My financial planner walked me through various scenarios around taking CPP payments between the ages of 60 and 70 from two perspectives—financial, using 2024 CPP benefit rates, and health and other considerations,” Maurice said, handing them copies of a chart showing maximum CPP amounts at different ages. *“Of course, the numbers will change each year as benefit rates change, but the percentage reduction in benefits is the same. This chart really helped me decide when to start CPP benefits. If you take it before 65, the reduced amount lasts your entire lifetime, not just until 65. If only we knew how long we’ll live, the decision would be simple! There’s an average mortality rate, but who knows? I could pass early like my dad, or live past 100. Interestingly, my financial planner told me the average life expectancy has been increasing each year.”*

Age	60	61	62	63	64	65
Maximum Monthly Pension	\$964.90	\$1,073.45	\$1,182.00	\$1,290.55	\$1,399.10	\$1,507.65
Pension Reduction	\$542.75	\$434.20	\$325.65	\$217.10	\$108.55	\$0

“So, waiting to receive CPP payments basically means you need to live longer—and hopefully healthier—to make up for the income you’d miss out on between 60 and 65?” Luther asked.

“You can think of it that way,” Maurice replied and handed out one more table. *“Here is a summary of the ‘health and other’ factors my financial planner talked about.”*

Consider taking CPP benefits between ages 60-64 if:	Consider taking CPP benefits at age 65 if:	Consider taking CPP benefits after age 65 if:
Sick and can't qualify for CPP disability benefit	Average health	Above average health
Average life expectancy is less than 75	Average life expectancy is 75-85	Average life expectancy is higher than 85
Low income or no other sources of income during retirement	Average income and adequate savings to bridge the retirement years before starting CPP	High income and lots of money saved for retirement
Laid off and unable to find other employment	Unable or unwilling to work beyond 65	Continuing to work past age 65
Continuous employment history	Continuous employment history with some gaps	Employment history with considerable gaps
Not divorcing and not credit splitting		Divorced and lost some pension credits upon credit splitting

During the rest of the meeting, Maurice shared some key reflections as he reached this stage of life. ***“I’m lucky. My dad was a saver and taught me the value of a dollar at an early age. My retirement income target was 70% of my preretirement income. I focused primarily on maximizing my employer pension plan and my personal savings throughout my career—BSE is my fifth employer.”***

Luther looked at Maurice with a newfound respect as he continued. ***“I am healthy and hoping to live longer than my dad. He passed away at 60. I am shooting for my 90s at least. OAS and CPP benefits just improve my financial position. If I manage carefully, I can afford to travel and do the things I want to do now—travel to East Asia, visit a few monasteries in South Korea and stay at a meditation retreat in Thailand.”***

Study Guide Module 3

Pages A-1 to A-2, Employment Insurance (EI): Remove the current pages A-1 to A-2 from your Study Guide and replace them with the new pages that follow. Reading A has been updated. The second paragraph on page A-1 is new content.

Reading

A

Employment Insurance (EI)¹

The primary role of the EI program is to provide income replacement through social insurance. Additionally, it aims to promote equity through income redistribution, support labour market adjustment, and contribute to macroeconomic stabilization by injecting money into the economy during recessions or regional downturns.

During periods of widespread economic disruption, governments may use the EI program as a policy tool to help mitigate large-scale wage loss and support labour market stability. In such circumstances, temporary adjustments to EI program parameters may be introduced to respond to regional, sectoral or economy-wide pressures. These measures reflect the role of EI not only as an individual income replacement program, but also as a mechanism for supporting workers and the broader economy during periods of significant economic stress.

The key EI programs are:

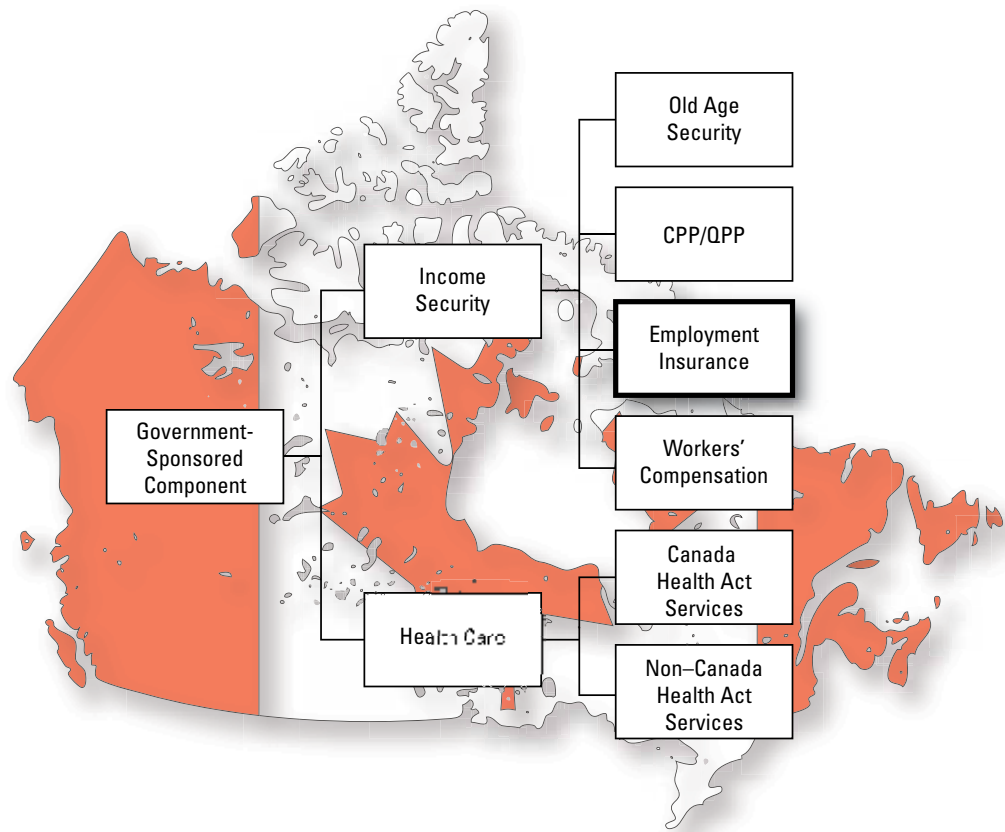
- (a) Regular income benefits for insured employees who are temporarily unemployed through no fault of their own, including regionally extended benefits for individuals in economically depressed areas
- (b) Special income benefits for insured employees who have an interruption of earnings, such as parental, maternity, sickness, compassionate care and caregiving benefits.

EI provides maternity and parental benefits in all provinces except Québec, where the Québec Parental Insurance Plan (QPIP) provides those benefits.

Exhibit I illustrates the role of EI programs in the social security system.

1. Developed by the Certified Employee Benefit Specialist® program, Dalhousie University, 2025. Drawn from Service Canada websites and the Employment Insurance Act.

Exhibit I
Role of Employment Insurance Programs in Social Security



EI falls under federal jurisdiction and operates under the authority of the Employment Insurance Act (EI Act). The fundamental goal of EI is to provide income support for individuals temporarily without work through no fault of their own.

The Canada Employment Insurance Commission (CEIC) oversees the EI program, with an annual mandate to monitor and assess it. The actual delivery of EI services is managed by Employment and Social Development Canada (ESDC), through Service Canada. CEIC has four members, each representing specific constituencies: the Commissioner for Workers, the Commissioner for Employers, the Deputy Minister of ESDC and the Senior Associate Deputy Minister of ESDC.

Study Guide Module 4

Pages 1 to 2, Assigned Reading: Remove the current pages 1 to 2 from your Study Guide and replace them with the new pages that follow. The Assigned Reading has been updated.

Pages A-23 to A-25, Canada's Government-Sponsored Health Care System: Remove the current pages A-23 to A-24 from your Study Guide and replace them with the new pages that follow. Reading A has been updated. A section about recent federal initiatives affecting supplementary health care coverage including national pharmacare and the Canadian Dental Care Plan (CDCP) has been added.

Optimizing Canada's Social Security System—Health Care

Module 4

This module explores government-sponsored health care, which includes the following three main categories.

- (1) Insured health care services: These are defined under the Canada Health Act (CHA) and must meet all of its nine requirements (five criteria, two conditions, and two provisions).
- (2) Extended health care services: Also defined under the CHA, these must meet only the two CHA conditions. They are provided at the discretion of provinces and territories, with terms and conditions varying by jurisdiction.
- (3) Services outside the scope of the CHA: Often referred to as supplementary services, these are provided entirely at provincial/territorial discretion, with terms and conditions also varying from one province and territory to another.

The federal government primarily supports health care services by transferring funds to provinces and territories and ensuring that CHA requirements are met. However, the administration, or management and delivery, of all three categories of health care services falls to the provinces and territories.

To qualify for federal funding, provinces and territories must adhere to the CHA's nine requirements for insured health care services. However, for extended health care services, only the two CHA conditions must be met. Extended health care services as well as services outside the scope of the CHA vary significantly across provinces and territories, often providing coverage only for specific groups, such as seniors, children or social assistance recipients. Coverage is often partial, with provincial/territorial plans supplementing private insurance or personal payments.

This module offers an overview of government-sponsored health care, focusing on common scenarios. For specific applications in the workplace, please refer to the related legislation.

Assigned Reading



Reading A

Canada's Government-Sponsored Health Care System, Study Guide
Module 4, Pages A-1 to A-25



Professional Enrichment Resources

Canada Health Act Annual Report

Issued by Health Canada and the federal Minister of Health. Chapters 1 and 2.
<https://www.canada.ca/en/health-canada/services/publications/health-system-services/canada-health-act-annual-report-2022-2023.html#a1>.

Professional enrichment resources are not tested on the national examination.

Why Read This?

This report is released annually and provides an overview of the Canada Health Act as well as details of how each province and territory's health plan aligns with each of the principles of the Canada Health Act.

Funding

Unlike insured services under the CHA, supplementary health care services are not fully funded. Instead, provincial and territorial health care insurance plans act as a supplement to private insurance (employer-sponsored or personal) and out-of-pocket payments. Public coverage is often accompanied by copayments, deductibles, or income and means testing.

Administration

Administration, eligibility, funding and costs for supplementary services vary widely across jurisdictions. While most are overseen by the provincial or territorial health authority managing CHA services, some are administered by Social Services or other specialized programs within the Ministry of Health or Human Resources.

Residence Requirements

Each province or territory sets its own residence rules for eligibility under its health care insurance plan. Beyond the initial waiting period (up to three months) required under the CHA for insured services, most jurisdictions mandate minimum annual residence and evidence of intent to return.

Registration Requirements

Individuals must register with their province or territory and hold a valid health insurance card to access supplementary health care services. New residents should apply for coverage as soon as possible upon arrival.

Out-of-Province/Territory Coverage

Reciprocal agreements for CHA services generally do not apply to supplementary health care services. Most supplementary health care services are not covered when provided outside the home province or territory, or the coverage is limited to the amount payable in the home jurisdiction. Interprovincial/interterritorial portability for drug plans, in particular, is minimal.

Payment for Supplementary Services

Payment processes for supplementary health care services follow the same structure as CHA-insured services. An appointed administrator oversees payments, and health care providers may fall into the categories of participating, opted-out or nonparticipating practitioners.

Conditions That Allow User Fees

User fees for supplementary services are allowed under the CHA, as these are considered noninsured services under the CHA. Provinces and territories may impose such fees at their discretion.

Recent Federal Initiatives Affecting Supplementary Health Care Coverage

Up to this point, supplementary health care services in Canada have been presented as programs delivered primarily at provincial and territorial discretion, operating outside the CHA and often targeted to specific population groups, with private insurance and out-of-pocket payments playing a significant role. In recent years, however, the federal government has introduced new initiatives related to prescription drug coverage and dental care that are beginning to reshape this landscape.

While these initiatives do not amend the CHA or convert prescription drugs or dental services into insured services, they are important for benefits professionals to understand because they affect the interaction between public programs and employer-sponsored plans. Awareness of these developments supports informed plan design, effective coordination of benefits, and clearer communication with employees about the role and limits of workplace benefits within an evolving public policy environment.

National Pharmacare

In recent years, the federal government has begun to advance a national pharmacare framework aimed at improving access to prescription drugs for specific population groups. While prescription drugs remain outside the core insured services under the CHA, federal legislation and funding commitments have established a pathway for targeted public coverage, beginning with select groups such as children, seniors, and individuals with specific health needs.

Rather than creating a single, uniform national drug plan, the initial phase of national pharmacare relies on federal–provincial and federal–territorial agreements. Under this approach, the federal government provides funding and sets broad policy objectives, while provinces and territories retain responsibility for program design, eligibility criteria, and delivery. As a result, access to publicly funded prescription drugs continues to vary by jurisdiction, and employer-sponsored plans remain a significant source of coverage for

working Canadians.

Canadian Dental Care Plan (CDCP)

Dental care has also traditionally fallen outside the publicly insured health system and has been primarily financed through employer-sponsored benefit plans or out-of-pocket payments. More recently, the federal government has introduced the CDCP, which is intended to improve access to dental services for individuals and families without private dental coverage, particularly those with lower incomes.

Similar to pharmacare initiatives, the CDCP reflects a targeted approach rather than universal public coverage. Eligibility is based on income and access to private insurance, and the program operates alongside existing provincial and territorial dental programs. For benefits professionals, the introduction of the CDCP highlights the evolving interaction between public programs and employer-sponsored dental plans, particularly with respect to coordination of coverage and employee expectations.

Taken together, these national initiatives related to prescription drug coverage and dental care, along with broader federal–provincial health funding agreements, reflect an expansion of publicly financed health services beyond hospital and physician care. These developments illustrate an incremental and negotiated approach to health policy, in which federal legislation and funding establish national objectives, while detailed program design and implementation depend on province-by-province agreements and timelines.