



**Section 1 - To be Completed by Employee (Please Print)**

I, \_\_\_\_\_ hereby elect \_\_\_\_\_ contribute to the Fund. If you choose to contribute,  
Name to/not to  
you will receive an estimate of the cost to purchase and your approximate pension increase. At that time you may either elect to purchase the service or to cancel your application. The required rate is 6.5% of pensionable earnings up to the Canada Pension Plan maximum and at the rate of 7.5% on any pensionable earnings above the maximum, PLUS an equal matching amount, for the period you are on lay-off.

I will be on lay-off from \_\_\_\_\_ to \_\_\_\_\_ (recall).

Monthly post-dated cheques are required for the purchase of this service. If you elect not to contribute on this service, you will not be allowed to contribute on this leave in the future.

Social Insurance Number \_\_\_\_\_ Employee Number \_\_\_\_\_  
Office Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
Postal Code \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

**Section 2 - To Be Completed by Employer**

Employee Status Prior to Lay-off (Normal bi-weekly hours) \_\_\_\_\_  
Change of Status Date \_\_\_\_\_  
Seasonal Work Period (if known) \_\_\_\_\_ to \_\_\_\_\_  
Normal Bi-weekly Hours for Applicant \_\_\_\_\_ Hourly Rate of Pay \_\_\_\_\_  
Year to Date Pensionable Earnings \_\_\_\_\_  
Year to Date Pensionable Service \_\_\_\_\_  
Projected Pensionable Earnings and Service During Lay-off

<u>Year</u>	<u>Pensionable Service</u>	<u>Earnings</u>
_____	_____	_____
_____	_____	_____

Employee's full-time annual salary as at date of change is \$ \_\_\_\_\_  
(Annualized as a full-time/full service employee)

I certify that the above information is correct and that the Board will be notified of any changes.

\_\_\_\_\_  
Authorized Signing Officer Phone Number Date

\_\_\_\_\_  
Name of Authorized Signing Officer - Please Print