Civil Service Superannuation Board

Form of Election for employees receiving Workers' Compensation Benefits

SECTION 1 - EMPLOYEE USE

Employees receiving Workers' Compensation benefits for a temporary total disability caused by an "on the job" accident may elect,

1. within *two months* of the date of the Workers' Compensation award, to contribute to the Fund at the prescribed percentage rate on salary up to the Canada Pension Plan maximum and at the prescribed percentage rate on any salary above the maximum based on their annual salary rate immediately prior to the accident, or
2. at any time before the expiration of 18 months after the end of the period during which Workers' Compensation benefits were paid, to make a *LATE ELECTION* to contribute to the Fund for that period. If the election is made while the person is receiving Workers' Compensation benefits, the cost will be the prescribed percentage of the annual salary immediately prior to the accident; but if the election is made after Workers' Compensation benefits cease, the cost will be prescribed percentage of the annual salary as at the date of application.

I, ________________________________, hereby acknowledge that I understand the options available and I elect

(circle one of the following): to contribute / not to contribute / to delay my decision on contributing to the Civil Service Superannuation Fund during the period I receive Workers' Compensation benefits. I also acknowledge that if I choose to delay my choice, I accept responsibility for taking action before the expiration of the 18th month after the end of the period during which I received Workers' Compensation benefits.

______________	______________	______________	______________
Employee Number	Department	Home Phone	Work Phone

________________________________	______________
Current Address	Postal Code

______________	______________________
Date	Signature

SECTION 2 - EMPLOYER USE

We confirm that the above information is correct, the employee's annual salary as at the date of the accident was $____________________and the Workers' Compensation benefits have been approved for the period from

____________________to ____________________(if known). Please provide pensionable service, earnings and contributions below for the period while on Workers' Compensation.

______________	______________	______________
Pensionable Service	Pensionable Earnings	Contributions

Approved by Workers' Compensation ______________20 ______ Claim # ________________

______________	______________________
Date	Authorized Signing Officer

______________	______________________
Work Telephone Number	Title and Department