

Prior Year Arrears

TO BE COMPLETED BY THE EMPLOYER:

Employer: _____ Department: _____

Employee No: _____ Social Insurance No: _____

Employee Name: _____

Mailing Address: _____

_____ Work Phone #: _____

Email Address: _____

Reason for Arrears: _____

Period during which contributions should have been deducted:

Year	Period	Pensionable Service	Pensionable Earnings	Contributions
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Revised Fund Entry Date (if applicable): _____

(YYYY/MM/DD)

Method of Payment: Lump Sum

Payroll Deduction: Number of bi-weekly deductions: _____

Amount of each payment: \$ _____

The employee has the option of either making a lump sum payment or regular bi-weekly instalment payments (minimum of 4% of the employee's bi-weekly earnings, providing this would not place too great of a financial burden on the employee. Contact the Board office).

Payroll Contact Name

Phone # / Email Address

Date

For CSSB Use Only