



Report a member’s service and earnings after they leave employment.

Section 1: Member information (for employer to complete)

Employer

Member name

Employee #

Phone

Address

City/town

Postal code

Why did the member leave employment?

Termination or retirement

Death

Started the CSSB disability allowance

Transferred to another CSSF employer:

(Name of employer)

New employee #

For the following, provide information as of the date the member left employment.

Employment end date

(YYYY/MM/DD)

Last day worked

(YYYY/MM/DD)

Fund entry date

(YYYY/MM/DD)

Hourly rate

Full-time hours for position

Pensionable hours worked

Section 2: Tax-exempt employment (for employer to complete)

Did the member have tax-exempt employment while working on a reserve?

Yes

No

If yes:

Include a copy of the most recent TD1-IN form

Attach a document with the percent of tax-exempt time worked for each year in the pension plan

Section 3: Service and earnings (for employer to complete)

1. Two-week delay information

Was the member paid on a two-week delay? Yes No

If yes, provide pensionable data for the first pay period of the year.

	Service (4 decimals)	Pensionable earnings	Pensionable contributions	Extra 1% for correctional officers
Two-week delay data			 	

2. Pension information for the prior year

Fill out this table only if year-end data hasn't been submitted yet.

	Service (4 decimals)	Pensionable earnings	Pensionable contributions	Extra 1% for correctional officers
Prior year				

3. Pension information for the current year

	Service (4 decimals)	Pensionable earnings	Pensionable contributions	Extra 1% for correctional officers
Current year (exclude prior year retro pay)				
Retro pay for (YYYY)	 			
Retro pay for (YYYY)	 			
Vacation cash out	 			
Total				

	Year to date pensionable earnings
Current year earnings for pay periods ending before the contribution rate change	

**New
for
2026**

4. More information for the current year

Vacation cash out paid on Hours / # of days
(YYYY/MM/DD)

Employer

Member name

Employee #

Section 4: Payroll contact information (for employer to complete)

Payroll contact name

Email

Phone

Date

(YYYY/MM/DD)

Is there anything else you'd like us to know?

Section 5: Send to CSSB

Secure server: member.mypension.ca/login

Section 6: Confirm member information (for CSSB to complete)

Annual salary

Annualized earnings

Proof of age check

Contribution check

Service check

Reviewed by

Date

(YYYY/MM/DD)

CSSB reviewer comments