

TO BE COMPLETED BY THE EMPLOYEE (PLEASE PRINT ALL INFORMATION)

RETURN COSTING IN: ENGLISH FRENCH

EMPLOYER:

SURNAME:

GIVEN NAME(S):

SIN:

ADDRESS:

ARE YOU RETIRING? Yes* No

If yes, indicate retirement date: _____

* priority will be given to your application

EMAIL ADDRESS:

I wish to receive a cost and election form for purchasing the following period of pensionable service:

from: _____
 year month day

to: _____
 year month day

TYPE OF SERVICE (check one – enter requested information and attach requested proof of service)

Service for which I have received a refund from this pension plan, or any pension plan covered by the Intra-Provincial Reciprocal Transfer Agreement – Specify Pension Plan _____.

Cost is the greater of:

- (i) Amount of Refund, plus interest; or
- (ii) 1 X Current Contribution Rate; or
- (iii) Adjusted Termination Value of benefits (applicable if received a commuted value or an adjusted termination value refund; was rehired after 3 years of the date of termination of employment; or if refunded service is purchased after one year of rejoining the CBE Pension Plan / CBE Shared Risk Pension Plan.)

Approximate date refund received: _____ Last name if different: _____

Lay-off period – provided the member did not elect a refund after the lay-off commenced (if lay-off period commenced prior to July 1, 2012, applicant must have occupied a permanent full-time position immediately prior to lay-off period)

Cost is the greater of:

- (i) 1 X Current Contribution Rate; or
- (ii) Adjusted Termination Value of benefits (applicable if lay-off period is purchased after one year of recommencing contributions in the CBE Pension Plan / CBE Shared Risk Pension Plan.)

Please attach proof of service confirming dates and if full-time / part-time position at the time of lay-off.

Leave of absence without pay (if leave of absence commenced prior to July 1, 2012, applicant must have occupied a permanent full-time position immediately prior to leave of absence)

Cost is greater of:

- (i) 1 X Current Contribution Rate; or
- (ii) Adjusted Termination Value of benefits (applicable if leave is purchased after one year of recommencing contributions in the CBE Pension Plan / CBE Shared Risk Pension Plan.)

Please attach proof of service confirming dates and if full-time / part-time position at time of leave.

If maternity leave, please attach copy of child's birth certificate.

Waiting period – Prior non-contributory Full-time service

Cost is greater of:

- (i) 1 X Current Contribution Rate; or
- (ii) Adjusted Termination Value of benefits

Please attach proof of service confirming dates and permanent full-time position / work without a break.

Prior non-contributory service – Specify : Part-time Casual * or Temporary *

***If casual or temporary service, please specify: Part-time or Full-time**

Cost is greater of:

- (iii) 1 X Current Contribution Rate; or
- (iv) Adjusted Termination Value of benefits

Please attach proof of service confirming dates and supporting documents to show 1) that you were employed in an eligible position, and 2) the percentage of full-time position worked (this may include payroll records, pay stubs, tax returns, and T4 slips if they provide the required proof of the above-mentioned criteria).

I certify that I did not contribute to any other pension plan during the period stated above.

EMPLOYEE SIGNATURE

DATE

TO BE COMPLETED BY HUMAN RESOURCES OR PAYROLL OFFICER

I hereby certify that the person identified above is presently a contributor to this pension plan and that the full-time salary is:

\$ _____ Biweekly Monthly

For Layoff or Leave of absence without pay - Provide % of full-time employment prior to period being purchased: _____ %

EMPLOYER SIGNATURE

DATE