

APPLICATION TO PURCHASE PENSIONABLE SERVICE

Shared Risk Plan for CUPE Employees of NB Hospitals

(Please complete the following by typing or printing in black or dark blue ink)



TO BE COMPLETED BY THE EMPLOYEE

Correspondence Requested In: English French

Employer: _____

First Name: _____ Last Name: _____

SIN (optional): ____ / ____ / ____ Vestcor Reference Number: _____ OR Employee ID Number: _____

Are you retiring? Yes* No If yes, indicate retirement date: ____ / ____ / ____ *priority will be given to your application
Day Month Year

Address: _____

Email: _____ Telephone: _____

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

From: ____ / ____ / ____ To: ____ / ____ / ____
Day Month Year Day Month Year

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

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

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)

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

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

PRIVACY CONSENT: The personal information collected on this form will be used by Vestcor to: identify the employee making the request and the employer; determine language preference; determine eligibility, the cost to purchase the period(s) of service requested, and the amount of service that would be credited as a result of purchasing the period(s); contact the employee or employer as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. The information may be disclosed to the Canada Revenue Agency as required by law. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.

AUTHORIZATION: I certify that I have not contributed to any other pension plan during the period stated above and that the information above is accurate.

EMPLOYEE SIGNATURE _____ DATE ____ / ____ / ____
Day Month Year

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 Leave of Absence without pay – Provide % of full-time employment prior to leave of absence: _____ %

EMPLOYER SIGNATURE _____ DATE ____ / ____ / ____
Day Month Year

Please return completed form as soon as possible to:

Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:

Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org