

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:

Telephone no. : () -

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, from another NB Public Service Pension Plan, or from another Public Service Pension Plan – (Specify Plan: _____)*.**

* attach proof of refunded service with exact dates

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

- Leave of absence without pay (specify: _____)**

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

- Prior non-contributory – Full-time service**

Please attach the “Confirmation of employment record” form (enclosed) and proof of service confirming dates. Also, attach supporting documents to show 1) that you were employed in an eligible position, and 2) that you were a full-time employee.

- Prior non-contributory – Part-time service**

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.

I certify that I have not contributed 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 Leave of Absence without pay – Provide % of full-time employment prior to leave of absence : _____ %

EMPLOYER SIGNATURE

DATE

CONFIRMATION OF EMPLOYMENT RECORD

THE CONFIRMATION OF EMPLOYMENT RECORD IS TO BE COMPLETED ONLY FOR APPLICATIONS TO PURCHASE ELIGIBLE PRIOR NON-CONTRIBUTORY FULL-TIME SERVICE.

Current contributors under the New Brunswick Public Service Pension Plan (NBPSPP) who had a period of full-time continuous employment in the Public Service, may be eligible to purchase this service as prior non-contributory based on the following guidelines:

- a) The employee must be a contributor to the NBPSPP at the time of application.
- b) The employee did not contribute to another pension plan during this period.

PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT WITH THE APPLICATION TO PURCHASE PENSIONABLE SERVICE.

Employee Name: _____ SIN: _____

Commencement Date	End Date	Employed By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Written documentation acceptable to verify each period of employment must be attached.
 (Examples: record of employment, letter of offer/termination, payroll records or other relevant documentation)

The Employee and Employer certify that the full-time continuous period of employment is in accordance with the provisions of the New Brunswick Public Service Pension Plan. If inaccurate information is submitted, the service cannot be purchased and will be revoked if purchased.

 Employer Signature

 Employee Signature

 Date Signed

 Date Signed