

**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: \_\_\_\_\_ to: \_\_\_\_\_  
year month day 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**

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

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)**

Cost is greater of:

- (i) 1 X Current Contribution Rate; or
- (ii) Adjusted Termination Value of benefits **minus** employer cost (applicable if leave is purchased after one year of recommencing contributions in the CUPE Hospitals Pension Plan / CUPE 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 break.

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 period being purchased: \_\_\_\_\_ %

EMPLOYER SIGNATURE

DATE