

APPLICATION FOR PURCHASE OF SERVICE



**Pension Plan for General Labour, Trades & Services Employees
of New Brunswick School Districts, CUPE 1253 /
Pension Plan for Full-Time CUPE 2745 Employees
of New Brunswick School Districts**

EMPLOYER INFORMATION		
SCHOOL DISTRICT		
EMPLOYEE INFORMATION		
NAME	ADDRESS	
SOCIAL INSURANCE NUMBER	PENSION PLAN <input type="checkbox"/> GLT&S (CUPE 1253) <input type="checkbox"/> CUPE 2745	DATE OF BIRTH (Please attach proof of age**) ____ / ____ / ____ Year Month Day
EMAIL ADDRESS		

** Required for calculation of waiting periods in the CUPE 2745 (S&C) plan or refunded service in the CUPE 1253 (GLT&S) plan

PURCHASE INFORMATION		
BEGINNING DATE OF PERIOD BEING PURCHASED ____ / ____ / ____ Year Month Day	ENDING DATE OF PERIOD BEING PURCHASED ____ / ____ / ____ Year Month Day	PREFERRED LANGUAGE OF CORRESPONDENCE <input type="checkbox"/> English <input type="checkbox"/> French

CURRENT YEAR SALARY INFORMATION	
Bi-Weekly Salary (current): \$ _____ X _____ Pay Period Classification = \$ _____ Annualized Salary*	*Amount if the member had worked the entire year
Is employee retiring? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate retirement date _____	

TYPE OF SERVICE:	
<input type="checkbox"/> Refunded (for periods of service after March 1, 1974) from _____ Pension Plan. Date of Refund: _____ Amount of Refund: _____	
<input type="checkbox"/> Authorized Leave Without Pay: Attach proof of leave from employer's records. GLT&S = periods of leave approved by Employer <u>after</u> May 5, 1994: <input type="checkbox"/> maternity <input type="checkbox"/> parental <input type="checkbox"/> deferred salary <input type="checkbox"/> illness CUPE 2745 = periods of leave approved by Employer for: <input type="checkbox"/> maternity <input type="checkbox"/> other unpaid <input type="checkbox"/> parental <input type="checkbox"/> deferred salary <input type="checkbox"/> illness	
<input type="checkbox"/> Waiting Period: Period of Continuous Employment after March 1, 1974 where a waiting period applied before contributing to the Plan. Attach proof of service from employer's records.	

SIGNATURE OF APPLICANT	DATE ____ / ____ / ____ Year Month Day
SIGNATURE OF SCHOOL DISTRICT OFFICIAL	DATE ____ / ____ / ____ Year Month Day