

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		
<i>** Required for calculation of waiting periods in the CUPE 2745 (S&C) plan or refunded service in the CUPE 1253 (GLT&S) plan</i>		
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. <p style="text-align: center;">Attach proof of service from employer's records.</p>		
SIGNATURE OF APPLICANT	DATE ____ / ____ / ____ Year Month Day	
SIGNATURE OF SCHOOL DISTRICT OFFICIAL	DATE ____ / ____ / ____ Year Month Day	