

CIVIL SERVICE SUPERANNUATION BOARD REGISTRATION CERTIFICATE

SECTION A – EMPLOYEE STATISTICS (to be completed in full by employee in presence of employer or representative)
PLEASE PRINT

NAME _____
Surname Given Name (legal) Known as (Where given name not used)

DATE OF BIRTH _____ 19 _____ SOCIAL INSURANCE NUMBER _____

PROOF OF AGE ATTACHED _____ yes _____ no – explain _____ SEX _____ Male _____ Female

MARITAL STATUS _____ Single _____ Separated _____ Divorced _____ Widowed _____ Other
 _____ Married - Spouse's given name(s) _____
 Spouse's Date of Birth _____ 19 _____

GROUP LIFE INSURANCE _____ DEPENDENT'S LIFE INSURANCE _____
Class – 1, 2, 3, 4, or 5 Units – 1, 2, 3, 4, or none

INSURANCE APPLICATIONS COMPLETED _____ Yes _____ No – explain _____

PRIOR EMPLOYER(S) – List only those for whom employed during last 12 months. If more space required, use reverse side.

Name _____ Period Employed _____
 Name _____ Period Employed _____

Were you previously a member of the Superannuation Fund _____ Yes _____ No

If yes, year terminated _____ or year retired _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AS STATED

_____ Date _____ Employee's Signature _____ Employee's Work Telephone #

SECTION B – EMPLOYER STATISTICS (to be completed by employer)
PLEASE PRINT

EMPLOYER _____ EMPLOYMENT START DATE _____
Name

DEPARTMENT _____ PAYROLL APPROPRIATION NUMBER _____
Payroll Appropriation Number

PAYROLL/EMPLOYEE NUMBER _____

CORRECTIONS OFFICER _____ Yes _____ No

FUND ENTRY DATE _____ 20 _____
(See Note 2 on reverse)

INSURANCE ANNUAL SALARY _____
(Salary used to calculate insurance)

NUMBER OF ESTIMATED BI-WEEKLY HOURS _____

BI-WEEKLY SALARY _____ or HOURLY RATE _____

ARE DEDUCTIONS IN ARREARS _____ No _____ Yes – explain _____

I HAVE READ THE EMPLOYEE'S INFORMATION AND TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION GIVEN IS TRUE AND EXACT.

_____ Date _____ Employer Signature _____ Employer Work Telephone # _____ Title and Department

Note: The employer is responsible for ensuring that this form is completed correctly and forwarded, together with any and all required enclosures, to the Superannuation Board prior to making payroll deductions for pension.

The information provided on this form will be kept confidential and is for the sole use of the Superannuation Board in the administration of benefits.

This form does not replace form #CSSB.8001 "Group Life Insurance and Dependents Insurance Appointment and Election Statement" but will be used only for insurance statistics and to ensure that the Board has sufficient information to provide pension benefits estimates. For these reasons, it is imperative that the information given be accurate and as complete as possible.

Information regarding prior employment will be used to determine the employee's eligibility for benefits under our reciprocal legislation and to ensure protection of pension rights when a contributor is transferring from one participating employer to another.

NOTE 1 - Employment Start Date – This shall be the date the employee commenced employment providing there has been no break in service in excess of 52 consecutive weeks or termination/resignation.

NOTE 2 - Fund Entry Date – This shall be the first working day for which contributions should be made.