

**CIVIL SERVICE SUPERANNUATION BOARD
NOTICE OF DESIRE TO BECOME A CONTRIBUTOR TO THE CIVIL SERVICE
SUPERANNUATION FUND**

SECTION 1 - EMPLOYEE USE

This form is for the use of Part-time, Temporary, Departmental, Seasonal or Term Employees who are not contributing to the Civil Service Superannuation Fund.

I hereby give notice of my desire to become a contributor to the Civil Service Superannuation Fund.

1. Employer _____ Department _____

2. Employee Number _____ 3. Social Insurance Number _____

4. Name _____

5. Mailing Address _____ Home Phone # _____

_____ Work Phone # _____

6. Date of Birth _____

If the employee is age 50 or over, a birth certificate or other satisfactory proof of age must be forwarded.

7. Date from which I desire to become a contributor to the Superannuation Fund _____

This date shall be the first day of the first pay period in the second month after the month in which the notice is given or the first day of any subsequent pay period.

Date

Employee's Signature

This completed form should be sent to the Personnel Officer or Departmental Accountant who will review the information signed and forward it, together with a completed Registration Certificate (CSSB.1001) to the Civil Service Superannuation Board.

SECTION 2 - EMPLOYER USE

Appropriation Number of Department _____

Date

Authorized Signing Officer's Signature

Work Telephone Number

Title and Department