

**CIVIL SERVICE SUPERANNUATION BOARD  
FORM OF ELECTION FOR EMPLOYEES ON EDUCATION LEAVE  
ALLOWANCE PAID**

**SECTION 1 - EMPLOYEE USE**

I, \_\_\_\_\_, hereby elect \_\_\_\_\_ contribute to the Civil Service Superannuation Fund at \_\_\_\_\_ to/not to the rate of 6% of salary up to the Canada Pension Plan maximum and at the rate of 7% on any salary above the maximum on the annual allowance paid to me in the amount of \$ \_\_\_\_\_ which I will receive while on educational leave for the period from \_\_\_\_\_ to \_\_\_\_\_. I also acknowledge that I must contribute an equal matching portion of contributions.

I also agree \_\_\_\_\_ contribute on the balance of my salary in excess of allowance paid up to my salary at the date of my educational \_\_\_\_\_ to/not to leave plus an equal matching amount.

I acknowledge that:

1. I may elect within **two months** of the date of the education leave to continue as a contributor during the educational leave period at a reduced cost as outlined above.
2. I may apply at any time while still on leave at a cost of 14% of annual salary immediately before leave, or before the expiration of 18 months after the completion of the education leave at a cost of 14% of annual salary at the date of application.
3. Leave of absence under the Civil Service Superannuation Act can only be granted for a period of two years. This may be extended for an additional two years providing I request an extension within two months of the termination of the first leave of absence.

\_\_\_\_\_  
Employee Number                      Department                      \_\_\_\_\_ / \_\_\_\_\_  
Home Phone                      Work Phone

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
\_\_\_\_\_  
Date    Signature

**SECTION 2 - EMPLOYER USE**

We confirm that the above information is correct, the educational leave has been approved by the employer and the above employee's annual salary as at the date of the education leave was \$ \_\_\_\_\_.

Current year pensionable service to date of educational leave \_\_\_\_\_  
Current year pensionable earnings to date of educational leave \_\_\_\_\_

\_\_\_\_\_  
Date    Authorized Signing Officer  
\_\_\_\_\_  
Work Telephone Number                      Title and Department