

**CIVIL SERVICE SUPERANNUATION BOARD
FORM OF ELECTION TO CONTRIBUTE ON REDUCED HOURS IN LAST FIVE YEARS
PRIOR TO RETIREMENT**

Section 1 - To be Completed by Employee (Please Print)

I, _____ hereby elect _____ contribute to the Fund at the rate of 6% of salary
Name to/not to
up to the Canada Pension Plan maximum and at the rate of 7% on any salary above the maximum, PLUS an equal matching amount on the salary difference between my full-time and reduced hours.

I understand that if I elect to contribute on this service, I am required to make monthly contributions to the Fund by providing post-dated cheques and if I elect not to contribute on this service at this time, I will not be allowed to contribute on this salary in the future.

Social Insurance Number _____ Employee Number _____

Office Phone Number _____ Home Phone Number _____

Home Address _____ Expected Retirement Date _____

Postal Code _____

Employee Signature Date

Note: To be eligible, you must be within 5 years of an unreduced pension.

Section 2 - To Be Completed by Employer

Employee Status Change Date _____

Change of Hours from _____ to _____ Bi-weekly

Hourly Rate of Pay _____

Year to Date Pensionable Earnings _____

Year to Date Pensionable Service _____

Reduced Bi-weekly Pensionable Salary Paid from Payroll _____

Employee's Full-time annual salary as at date of change is \$ _____
(Annualized as a full-time/Full service employee)

I certify that the above information is correct and that the Board will be notified of any changes.

Authorized Signing Officer Phone Number Date

Name of Authorized Signing Officer - Please Print