

**CIVIL SERVICE SUPERANNUATION BOARD
FORM OF ELECTION TO CONTRIBUTE ON PARENTAL LEAVE**

Section 1 - To be Completed by Employee Prior to Commencement of Leave (Please Print)

I, _____ request/do not request an estimate of the cost to purchase my parental leave.
(Select one)

Once you receive the estimated cost and the corresponding estimated increase in pension, you will be required to either elect to purchase the service OR cancel your application.

The required rate is 6% of pensionable earnings up to the Canada Pension Plan maximum and at the rate of 7% on any pensionable earnings above the maximum, PLUS an equal matching amount, for the period you are on parental leave.

I will be taking parental leave from _____ to _____.

Monthly post-dated cheques are required for the purchase of this service. If you elect not to contribute on this service at this time, you will be allowed to contribute on this leave in the future at full actuarial cost.

Social Insurance Number _____	Employee Number _____
Office Phone Number _____	Home Phone Number _____
Home Address _____	Postal Code _____
_____	_____
_____ Employee Signature	_____ Date

Section 2 - To be Completed by Employer

Employee Status (Full-time, Part-time, Casual, Seasonal, etc.) _____

Normal Bi-weekly Hours for a Full-time Employee in the Same Position _____

Bi-weekly Hours for Applicant (used to determine eligible service during leave only) _____ (average if not regular)

Hourly Rate of Pay _____

Year-to-Date Pensionable Earnings _____

Year-to-Date Pensionable Service _____

The year-to-date earnings up to the start of the parental leave are used to determine the rate of pension deduction (i.e. 6% or 7%) to be calculated on the leave earnings.

Leave from _____ to _____

<u>Year</u>	<u>Pensionable Service</u>	<u>Earnings</u>
_____	_____	_____
_____	_____	_____

The employee's *full-time* annual salary as at the date of leave is \$ _____ (Annualized as a full-time employee)

I certify that the above information is correct.

_____ Authorized Signing Officer	_____ Phone Number	_____ Date
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Name of Authorized Signing Officer - Please Print