

GENERAL INFORMATION

This guide is provided for information purposes only to the members of the Pension Plan of Certain Judges of the Court of Québec and of certain municipal Courts (PPJCQM) and the Pension Plan of Certain Judges Appointed before 1 January 2001 (PPCJBJ). It does not supersede the applicable legislation. We suggest you read it **carefully** as it contains answers to most questions you may have regarding this application form.

This form is prescribed under section 150 of the *Act respecting Government and Public Employees Retirement Plan* (R.S.Q., c. R-10). Its use is compulsory to apply for a pension under the PPJCQM or the PPCJBJ.

The form may be used to apply for:

- an immediate pension that will be paid as soon as you retire, **OR**
- a deferred pension that will be paid on a later date set under your pension plan.

Please take note

- To avoid an interruption in income, this form should be filled out and sent to CARRA **at least three months prior to the expected date of retirement.**
- You must fill out a form for **each employer** for whom you worked during part of or the whole last two years.
- **This form cannot be used to obtain a pension estimate.** To obtain an estimate, you must complete the "Application for a pension estimate" (009A) form or write to us.
- Your employer can provide further information to help fill out this form.

IMPORTANT MESSAGE

Additional information for members who have already opted for a joint and survivor annuity equal to 60% or 66 $\frac{2}{3}$ % of the pension to which they are entitled

1. The **PPJCQM** member may, while he is holding office, choose to reduce his pension by 3.5% or 5.7% so that his spouse may receive a pension corresponding to 60% or 66 $\frac{2}{3}$ % of the pension to which he is entitled. **That choice will be irrevocable as soon as the judge ceases to hold office**, even if there is no spouse entitled to a pension. Consequently, if you wish to change your choice, you must notify us in writing **before the date on which you will cease to hold office.**
2. The **PPCJBJ** member may, while he is holding office, choose to reduce his pension by 3.5% or 5.7% so that his spouse may receive a pension corresponding to 60% or 66 $\frac{2}{3}$ % of the pension to which he is entitled. **That choice will be irrevocable as soon as the judge's pension is payable**, even if there is no spouse entitled to a pension. Consequently, if you wish to change your choice, you must notify us in writing **before the date on which you will cease to hold office if you are entitled to an immediate pension or before your 65th birthday if you are entitled to a deferred pension.**

INFORMATION ON EACH PART OF THE APPLICATION FORM

Part A – Information on active or non-active member

You must provide information that identifies you as an active member, or person who participates in the plan, or as a non-active member, or person who no longer participates in the plan because he no longer holds a position with an employer covered by the plan.

Part B – Information on object of application

1. Name of the pension plan

You must enter the name of the pension plan concerned by your application for a retirement pension.

2. Multiple jobs

This provision does not concern the members of the PPJCQM or the PPCJBJ.

Part C – Document to be enclosed with your application

If you live outside Québec, the **original** copy or a certified copy of your birth certificate or the copy of your act of birth is essential to process your application. If you were born in Québec, the document must be delivered by the Directeur de l'état civil if it was issued after December 31, 1993. If you were born outside Québec, it must be delivered by the competent authority. The document will be returned to you as soon as possible.

Part D – Signature of active or non-active member

Your application will be returned to you if you have not signed it. Failure to provide the information requested on this form can prevent the processing of your application. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c. A-2.1), the information will be disclosed only to authorized agents. The Act allows you to examine your personal information and ask for correction.

Part E – Employer information

You must have this part filled out by each employer for whom you worked during part of or the whole last two years. The data provided in this part will be used to calculate the amount of your pension.

- **Special provision:** In addition, **if you held office during at least seven years as chief judge, senior associate chief judge, associate chief judge, president of the Human Rights Tribunal or chairman of the Professions Tribunal, your employer must complete and send us the “Appendix to the application for a retirement pension (members of the PPJCQM and the PPCBJ)” (092A).** This Appendix indicates the additional remuneration you received in that office. Even if no contributions were made on that additional remuneration, **it must be taken into account for the calculation of the pension of a judge who held that office for at least seven years.**

Part A - Information on active or non-active member

1. Identification of member

Last name

First name

Social insurance number

Name at birth (if different)

Sex
 Feminine Masculine

Year Month Day

Date of birth

2. Address

Number

Street, avenue, boulevard

Apartment

P.O. Box

Postal station

City, town, municipality

Province or State

Postal code

Country

3. Other contact information

Area code Telephone at home

Area code Telephone at work

Extension

Area code Cell phone

Language of correspondence
 French English

Part B - Information on object of application

1. Name of pension plan

Enter name of pension plan concerned by your application: _____

2. Multiple jobs

If you held more than one job covered by RREGOP, the PPMP or the PPPOCS, have you resigned from all of them? (If you check "No", please refer to the guide.) Yes No

Part C - Document to be enclosed with your application

Original copy or certified copy of your birth certificate or copy of act of birth (if you are living outside Québec)

Part D - Signature of active or non-active member

I am aware that this application for a retirement pension will become final and irrevocable as soon as my benefits are deposited directly to my account or when my first pension cheque is cashed.

I hereby authorize CARRA to inform my employer of the decision regarding my eligibility for a pension and the date of my retirement. Yes No

I hereby certify that the information provided in Parts A to D of this form and the appended document is accurate and complete.

Signature of active or non-active member

Date

Year Month Day

Part E - Employer information

This part must be completed by the employer's authorized representative.

1. Identification of employer

Employer's name Identifier

Address

Number Street, avenue, boulevard, P.O. Box, rural route Department or agency number

City, town, municipality Province Postal code

Other contact information

Area code Telephone Extension Area code Fax

2. Identification of active or non-active member

Last name First name Social insurance number

3. Administrative information

Employee's status: Full-time permanent Part-time permanent
 Other _____

❖ Information on employment relationship of full-time or part-time permanent employee

Date of end of employment: Year Month Day

❖ Information on employment relationship for an employee with a status other than full-time permanent or part-time permanent

Is the employee's name on a list ensuring priority hiring or employment? Yes No*

Enter date of end of employment: Year Month Day AND Date of last day paid**: Year Month Day

* If you checked "No", you confirm that the employee has no guarantee of priority hiring or employment and consequently does not have to resign.

** Paid days include:

- days of actual work;
- days of absence with pay (ex.: vacation, sick leave, legal holidays, maternity leave, etc.);
- days during which the employee was entitled to salary insurance benefits;
- contributory days of absence without pay.

❖ Information concerning disability (on the basis of the 104 weeks provided in collective agreements or working conditions)

Date on which disability began: Year Month Day Date on which disability ended: Year Month Day

❖ Other information that might be useful for the processing of this application:

Part E - Employer information (cont.)

This part contains two sections (A and B) so that you can declare the last two years of employment.

4. Financial information regarding the active or non-active member

Section A is intended for the next-to-last year of employment.

SECTION A - DECLARATION OF FINANCIAL DATA

Fields with an asterisk (*) are mandatory.

a) Basic financial data

The field “ **Job number” concerns only the education sector.

The “Date of beginning (employment)” corresponds to a new job, as the case may be, and the “Date of end (employment)” corresponds to the date on which employment ended if both events took place in the same year.

The “Date of end of period” is not needed in this section.

*Year of participation

* Pension plan

** Job number

* Type of report

Basis of remuneration
 200 260

Contributory salary

Non-contributory salary (after 35 years)

* Group

* Job class

* Daily Factor

Year Month Day

Date of beginning (employment)

Employee contribution

Annual basic salary

Year Month Day

Date of end of period

* CARRA calendar number

Employer contribution
 Yes No

Year Month Day

Date of end (employment)

Part time - % of time

Adjusted salary
 Yes No

b) Salary range (200-day basis)

| Effective date | | | Annual basic salary |
|----------------|-------|-----|---------------------|
| Year | Month | Day | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

c) Absences

| Code | Days | Salary | Retroactive payment |
|------|------|--------|---------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

d) Retroactive adjustment

| Year | Amount |
|------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Year Month Day

Date of payment

Non-contributory amount (after 35 years)

Employer's identifier

Social insurance number

Part E - Employer information (cont.)

The last year of employment must be described in section B.

The "Date of beginning (employment)" corresponds to the date of a new job, as the case may be, and the "Date of end (employment)", corresponds to the date on which employment ended.

The "Date of end of period" must correspond to the date as at which financial data is entered for the member, when the form is completed. Two months after the retirement date, CARRA will ask you to file a final "Déclaration annuelle anticipée" (form 203) to provide administrative and financial information up to the date of end of employment of the member.

SECTION B - DECLARATION OF FINANCIAL DATA

a) Basic financial data

*Year of participation

* Pension plan

** Job number

* Type of report

Basis of remuneration
 200 260

Contributory salary

Non-contributory salary (after 35 years)

* Group

* Job class

* Daily Factor

Year Month Day

Date of beginning (employment)

Employee contribution

Annual basic salary

Year Month Day

*Date of end of period

* CARRA calendar number

Employer contribution
 Yes No

Year Month Day

Date of end (employment)

Part time - % of time

Adjusted salary
 Yes No

b) Salary range (200-day basis)

| Effective date | | | Annual basic salary |
|----------------|-------|-----|---------------------|
| Year | Month | Day | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

c) Absences

| Code | Days | Salary | Retroactive payment |
|------|------|--------|---------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

d) Retroactive adjustment

| Year | Amount |
|------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Year Month Day

Date of payment

Non-contributory amount (after 35 years)

Part E - Employer information (cont.)

5. Signature of employer's authorized representative

I hereby certify that the information provided in Part E of this form is accurate and complete.

Last name and first name of authorized representative (IN BLOCK LETTERS)

Job title

Area code Telephone

Extension

Signature of authorized representative

Year Month Day Date

In this form, the masculine is taken to include the feminine.

418 643-4881 (Québec region)
1 800 463-5533 (toll free)

Please return this form to:

**Commission administrative des régimes
de retraite et d'assurances
475, rue Saint-Amable
Québec (Québec) G1R 5X3**