



Pensionable Service Verification

**Calgary Firefighters'
Supplementary Pension Plan**

The following questionnaire has been provided to assist in ensuring the pensionable service indicated on your annual statement is correct. Please answer the questions to the best of your ability. The form should be returned to the FSPP administrator via fax to Mercer at (403) 261-6938 or by mail to FSPP Verification c/o Mercer, Suite 1200, 222 - 3rd Avenue SW, Calgary, Alberta T2P 0B4.

Part 1: Member Information (Please print clearly in the spaces provided).

_____ Social Insurance Number _____ First Name _____ Middle Name _____ Last Name

Part 2: Pensionable Service Verification (please clearly print your answer in the space provided).

- 1) What date were you hired as a Firefighter with the City of Calgary: _____
- 2) Were you employed with the City of Calgary or another Local Authority employer before the the date indicated above? _____
- 3) If yes indicated above, what was the name of that employer? _____
- 4) Did you participate in the Local Authorities Pension Plan (LAPP) before the date you were hired as a firefighter with the City of Calgary? _____
- 5) Have you ever purchased or transferred service into the LAPP? _____
- 6) Have you ever purchased prior service under the FSPP? _____
- 7) If you indicated Yes to either of the two previous questions, was the service for the same period purchased under both plans? _____
- 8) What is the total length of the prior service you purchased under the LAPP? _____
- 9) What is the total length of the prior service you purchased under the FSPP? _____
- 10) Have you ever been on a Leave Without Pay or been subject to a suspension without pay while employed as a firefighter with the City of Calgary? _____ (Yes or No)
- 11) If you have been on a Leave Without Pay or suspended while a firefighter, did you purchase this service under both the LAPP and the FSPP? _____ (Yes or No)
- 12) Please provide any other information on an accompanying sheet with copies of supporting documents.

(SIGNATURE OF MEMBER)

(DATE SIGNED)

This personal information is being collected under the authority of the Employment Pension Plans Act and will be used for the purpose of administering your pension benefits. It is protected under the provisions of the Freedom of Information and Protection of Privacy Act.