

# Purchase request within 6 months from end of leave or through Payroll Deductions Pregnancy, Parental or Adoption Leave

Use this form for a member who is purchasing a Pregnancy, Parental or Adoption Leave (or other statutory emergency or family leave) **within 6 months of return to work or through payroll deductions**. The leave cost will be equal to member contributions and matched by the employer.

**This purchase must be completed within 6 months from the end of the leave.**

**Data has been revised** – use for any data changes

Date of revision: \_\_\_\_\_ Employer representative initials: \_\_\_\_\_

Employer \_\_\_\_\_

Note: Date format is dd-mmm-yyyy for all date fields

## A Member information

Last Name	First Name	Initial	Social Insurance Number
_____	_____	_____	_____
Date of birth	Phone number	Email	
_____	_____	_____	
Mailing Address			
_____			

## B Member purchase options

The member may purchase the leave through payroll deductions or as a lump sum within 6 months from end of leave. In both cases, please provide the information requested below. Note that if the member's leave spans two calendar years or more, the information for each calendar year must be reported on a separate line.

Enter the information about the member's leave.

- Purchase request within 6 months from end of leave
- Purchase request through payroll deductions

Leave start date	Leave end date	Deemed Earnings during leave	Deemed Service during leave	Member contributions
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
Total Member Contribution				\$ _____
Total Employer Contribution				\$ _____

Payment deadline – If not purchased through payroll deductions, payment for this leave must be made by the deadline below (6 months from the leave end date).

\_\_\_\_\_

## C Federal Tax Treatment

If Member chooses to purchase service indicate Pension Adjustment treatment

- Pension Adjustment reported by employer       Purchase chosen after CRA deadline (April 30<sup>th</sup>). The CAAT Plan must request PSPA.

## D Signatures

I choose to purchase the period of leave at the total member contribution amount shown above, and by the payment deadline shown above. I understand that if I make the purchase at a later date, the cost will be based on the higher of 2 times contributions or the actuarial value of the purchase based on the annual salary rate at that time.

\_\_\_\_\_

Member Signature Date

\_\_\_\_\_

Employer representative name Employer representative signature Date