



# DBplus purchase application

*Period of employment with an employer that participates in the CAAT Pension Plan*

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

Purchase Type (Select one):

- 1. I worked for an employer that participates in the CAAT Pension Plan before I joined the Pension Plan.
- 2. I took time off from work without pay and it has been more than six months since I returned to work (either Unpaid Leave of Absence / Pregnancy, Parental or Adoption).
- 3. I terminated employment and received a refund of my contributions or a transfer of my commuted value from the CAAT Plan.

This form provides the data the CAAT Plan needs to determine the maximum you can contribute for the purchase, and the additional pension under DBplus you would have as a result of the purchase. If you have any questions, contact the CAAT Pension Plan at [member@caatpension.on.ca](mailto:member@caatpension.on.ca) or call us at 416.673.9000.

## A Member information – completed by member

Last name	First name	Initial	Social Insurance Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Date of birth	Language preference	Email	Phone number
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> English <input type="checkbox"/> French	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Mailing address

<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>

Member Signature

Date

## B Earnings Information – Completed by CAAT Plan employer where the purchasable period was earned.

Report each purchasable period on a separate line below. If you require more room, use a second page to report additional periods.

\*Earnings:

For **Type 1 and Type 3** purchases, report T4 earnings during the period (minus any taxable benefits).

For **Type 2 - Unpaid LOA and Pregnancy, Parental or Adoption Leave**, report deemed earnings during the period.

Employer name	Year	Period start date (month/day)	Period end date (month/day)	Earnings*
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Member last name

Member first name

Initial

Social Insurance Number

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**C Employer Authorization** – The CAAT Plan employer where the purchasable period was earned should complete this section and return the form to the member.

Date your office received  
this application:

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Employer HR Representative Name

Employer HR Representative Signature

Date

**D Current CAAT Plan employer information** – This section should be completed by the current employer, if different from the employer in section C. For confidentiality, the member may wish to only provide page 2. The employer should return the form to the member.

Current CAAT Plan employer

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Employer HR Representative Name

Employer HR Representative Signature

Date

**Member Next Steps**

Once all applicable sections of this form are complete, the member should mail or fax both pages, along with a copy of your proof of age document, to the CAAT Pension Plan.

Acceptable proof of age includes one of any government issued identification (federal or provincial) that clearly shows the card holder’s date of birth, excluding health cards (e.g. passport, birth certificates, citizenship card, driver’s license).