

Please complete all applicable sections of this form

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

Current Design DBprime DBplus

Employer Name _____

A Member Information

Last Name	First Name	Initial	Social Insurance Number	Date of Birth
_____	_____	_____	_____	_____

B Change of plan design

Member's plan design has changed

New plan design: <input type="checkbox"/> DBprime <input type="checkbox"/> DBplus	End date of previous type _____	Start date of new type _____
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C Change of employment information

Member's employment type has changed

New employment type: <input type="checkbox"/> Full-time <input type="checkbox"/> OTRFT	End date of previous type _____	Start date of new type _____
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Member's employee group has changed (For OTRFT only)

Change of employee group <input type="checkbox"/> Administration <input type="checkbox"/> Faculty <input type="checkbox"/> Support	Date of change _____
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Corrections to Members' date of hire or enrolment date

Hire Date on File	Revised Hire Date	Enrolment Date on File	Revised Enrolment Date	Date of Change
_____	_____	_____	_____	_____

D Earnings, Contributions and Service

Complete if there has been any change to employment information.

Provide the basic contributions and earnings information below for the period from January 1st to the workday before the employment change.

If you are reporting a change in pensionable earnings for DBprime members, report basic pensionable earnings, excluding any lump sum payments. For DBplus members, report T4 earnings. Refer to the Employer Manual for additional information regarding pensionable earnings.

Pensionable earnings	\$ _____	Lump Sum (report only for DBprime plan design)	\$ _____	Annual Salary Rate (immediately prior to change. Report only for DBprime plan design)	\$ _____
Basic Contributions	\$ _____	RCA contributions (report only for DBprime plan design)	\$ _____	Pensionable Service (report only for DBprime plan design)	_____
Pension Adjustment	\$ _____				

E Employer Authorization

_____	_____	_____
Employer HR Representative Name	Employer HR Representative Signature	Date