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| **Before the start of the leave, the member was earning a pension under:** | | | | | | | | | | | | | | | | | DBprime | | | | DBplus | | | | | | | | | | | | | | |
|  | | | **This is a leave start/stop notification:** Complete sections A-D for an Unpaid Leave of Absence (including layoff or grievance). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **This is a purchase request:** Complete sections E-H for the purchase of an Unpaid Leave of Absence **within six months of return to work**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Data has been revised** – use for any data changes | | | | | | | | | | | | | | | | | **Employer:** | | | | | | |  | | | | | | | | |
| **Date of revision:** | | | | |  | **Employer representative initials:** | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | |
| **A Member information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last name** | | | | | | | | | **First name** | | | | | | | | | | | | | | | | **Initial** | | | **Social Insurance Number** | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| **Date of birth** | | | | **Phone number** | | | | | | **Email** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B Leave start** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leave type | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | **Unpaid Leave of Absence** | | | | |  | **Grievance** | | | | |  | | | | | **Layoff** | | | | |  | | |  | | |  | | |  | | | |
| **Active period start date** (The first work day of the first pay period worked in the year, before the leave) | | | | | | | | | | | | | | **Active period end date**  (The last work day before the leave started) | | | | | | | | | | | | | | | | | **Leave start date**  (The first day of leave) | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  |
| **If the member is in DBprime, provide earnings, contributions and service:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the earnings, basic contributions, and service information below for the active period entered above.  **If reporting additional leaves for a member who has already had a leave in the calendar year, the earnings reported should start from the most recent return-to-work day to the work day before the leave starts.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic pensionable earnings  *Do not include lump sum payments* | | | | | | $ | | | | | Lump sum | | | | | | | | $ | | | | Annual salary rate  *Immediately prior to leave* | | | | | | | | $ | | | | |
| Basic contributions | | | | | | $ | | | | | RCA contributions | | | | | | | | $ | | | | Pensionable service | | | | | | | |  | | | | |
| **If the member is in DBplus, provide earnings and contributions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T4 earnings  *Do not include taxable benefits* | | | | | | $ | | | | | | | | | | Basic contributions | | | | | | $ | | | | | | | | | | |  |  | |
| **C Purchase information and employer signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The member may choose to complete this purchase within six months of the leave’s end date. In this case, the cost of the purchase will be two times the regular contributions that would have been in effect during the period of the leave based on the member’s deemed earnings during that time. To purchase this period the member must complete section E of this form and give it to the Employer to begin the purchase process. After six months, the member retains the right to make a purchase of a past leave any time before he or she terminates employment. For more information, see the CAAT Pension Plan website. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I will provide a copy of this form to the member and to the CAAT Pension Plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
| Employer representative name | | | | | | | | | | | | Employer representative signature | | | | | | | | | | | | | | | | | | Date | | | | | |

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| **D Leave stop** | | | | | | | | | | | | | | | | | | | | | | | | |
| Leave end date (day prior to return to work) | | | | | | | Why has the leave ended? | | | | | | | | |  | | | | | | | | |
|  | | | | | | |  | | Member has returned to work | | | | | | | Other (please explain): | | | |  | | | | |
| If the member intends to purchase the leave within six months from end of the leave, sections E-H of this form should be completed. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | |
| Employer representative name | | | | | | | | | | Employer representative signature | | | | | | | | | | | Date | | | |
| **E Member purchase request -** the member must complete this section if they want to purchase the Unpaid Leave of Absence within 6 months of their leave end date. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I intend to purchase the leave period reported above within six months of my leave end date. | | | | | | | | | | | | | | | | | | | | | | |
| It is your choice whether you want to purchase your Unpaid Leave of Absence. If you choose not to purchase the leave period during the first six months after your return  to work you retain the right to make a purchase of a past leave at any time before you terminate employment. For more information on purchasing after six months, see the CAAT Pension Plan website. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Member signature | | | | | | | | | | | | | | Date | | | | | | |
| **F Member purchase information –** complete this section if the member wishes to purchase the period of Unpaid Leave of Absence. | | | | | | | | | | | | | | | | | | | | | | | | |
| If the member has chosen to purchase the leave, 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. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Unpaid Leave of Absence** | | |  | | **Grievance** | | | | | |  | **Layoff** | | | | | | | | | |
| Enter the information about the member’s leave. | | | | | | | | | | | | | | | | | | | | | | | | |
| Leave start date | | | | | Leave end date | | | | | | Deemed  earnings during leave | | | | | | | Deemed  service during leave  (complete for DBprime member only) | | | | Member contributions | | |
|  | | | | |  | | | | | | $ | | | | | | |  | | | | $ | | |
|  | | | | |  | | | | | | $ | | | | | | |  | | | | $ | | |
|  | | | | |  | | | | | |  | | | | | | | Total Member Contribution | | | | $ | | |
|  | | | | |  | | | | | |  | | | | | | | Cost = 2 x Contribution | | | | $ | | |
| **Payment deadline – payment for this leave must be made by the deadline below (six months from the leave end date).** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | | |  | |
| **G Federal Tax -** complete this section for a purchase under the DBprime plan design only. | | | | | | | | | | | | | | | | | | | | | | | | |
| If Member chooses to purchase the leave, indicate Pension Adjustment treatment | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pension Adjustment reported by employer | | | | | | | | | | | | | | | | | | | | | | | |
| Or |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Purchase chosen after the April 30 CRA deadline. The CAAT Plan must request PSPA. | | | | | | | | | | | | | | | |  | | | | | | | |
| *Note: If a PSPA is required please do not send payment until after the CAAT Pension Plan has provided confirmation that the PSPA has been approved.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **H Signatures** | | | | | | | | | | | | | | | | | | | | | | | | |
| I choose to purchase the period of leave at the total member contribution amount shown above, and by the payment deadline shown above. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Member Signature | | | | | | | | | | | | |  | | | | | | | | | | | Date |
|  | | | | | | | | | | | | |  | | | | | | | | | | |  |
| Employer representative name | | | | | | | | | | | | | Employer representative signature | | | | | | | | | | | Date |