



# PENSION MEMBERSHIP ENROLMENT

College: Please keep a copy of the completed form and send the original to the CAAT Pension Plan.

**Note: Date format is dd-mmm-yyyy (eg 25-dec-2009)**

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For change of information or beneficiary, use Form 022

College Name \_\_\_\_\_

## A MEMBER IDENTIFICATION

Last Name		First Name		Initial	Social Insurance Number	
Date of Birth		Sex (M/F)	Employment Status		Occupation	
		<input type="checkbox"/> Full-time	<input type="checkbox"/> OTRFT	<input type="checkbox"/> Administration	<input type="checkbox"/> Faculty	<input type="checkbox"/> Support
Date of Hire		Full-time Date		Enrolment Date		Language Preference
						<input type="checkbox"/> English <input type="checkbox"/> French
Is Employee currently employed at another College and already a Member of the CAAT Pension Plan?						Status at other College
<input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, indicate other College: _____				<input type="checkbox"/> Full-time <input type="checkbox"/> OTRFT
Has Employee been a member of the CAAT Plan before?						Termination Option Chosen
<input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, indicate previous College: _____				

## B PERSONAL INFORMATION

Marital Status

Single  Married  Common-Law  Widowed  Divorced  Separated

**Spouse Definition:** A person who is the legally married Spouse or the qualifying common-law Spouse of a Member, Former Member or Pensioner, provided that person and the Member, Former Member or Pensioner are not living separate and apart.

**Spouse Information**

If you are married or in a common-law relationship your Spouse is the automatic recipient of your death benefit from the CAAT Pension Plan.

Spouse Last Name	Spouse First Name	Sex (M/F)	Spouse Date of Birth	Date of Marriage/Common-Law
_____	_____	_____	_____	_____

### Non-Spouse Beneficiary Designation

If you do not have a Spouse, or even if you do, you can designate any person as your Non-Spouse Beneficiary for death benefits. If you have a Spouse, death benefits are only paid to the Non-Spouse Beneficiary if your Spouse dies before you or you die at the same time. If you do not have a Spouse and you do not designate a Beneficiary, any death benefits payable to a Beneficiary will be paid to your Estate.

Indicate the relationship of any person named and the % Share if you name more than one. Remember: the total % Share cannot exceed 100%.

Full Name	Date of Birth	% Share	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## C MEMBER AUTHORIZATION

I certify that the information provided on this form is true and correct to the best of my knowledge, including the Beneficiary Designation. I have been told of the Plan's rules for buying back/transferring eligible service. I have read, understood and signed the *Consent for the Collection and Use of Personal Information* that is attached to this form.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## D COLLEGE AUTHORIZATION

I certify that the information provided on this form is correct according to the College's records, and that the employee is entitled to become a Member of the CAAT Pension Plan. I have given the employee a copy of the Member Handbook explaining the terms and conditions of the Plan, and told the employee of the Plan's rules for buying back/transferring eligible service.

## CAAT PLAN USE ONLY

\_\_\_\_\_  
College Representative Name

\_\_\_\_\_  
College Representative Signature

\_\_\_\_\_  
Date



# CONSENT FOR THE COLLECTION AND USE OF PERSONAL INFORMATION

College Name \_\_\_\_\_

Last Name

First Name

Initial

Social Insurance Number

Date of Birth

CAAT Pension Plan (the "Plan") is committed to protecting the privacy of your personally identifiable information ("Personal Information"). The Personal Information on this and other Plan forms is collected under the authority of the Plan, the *Ontario Pension Benefits Act* and the *Income Tax Act*.

You authorize the Plan and its agents (as defined below) to collect (from you, your employer and other sources such as a previous pension plan when transferring pension credits from that plan into the CAAT Pension Plan) and use your Personal Information from time to time as may be needed for the purposes of calculating and paying pension benefits, creating and maintaining a database of individuals entitled to benefits under the Plan, producing personalized pension statements and options documents, verifying eligibility for benefits, fulfilling reporting requirements and compliance with the *Ontario Pension Benefits Act*, the *Income Tax Act* and the *Family Law Act*, verifying your identity when communicating with you, and otherwise with your consent, or as permitted by law. You consent to your Personal Information being collected, used and disclosed by and between the Plan and individuals and institutions that assist with the administration of the Plan including, Plan personnel, payroll and human resources personnel at your employer, legal representatives, consultants, auditors, actuaries and service providers (the "Plan and its agents") in order to fulfil these purposes and as otherwise required by law or under the administrative policies of any regulatory authority.

You consent to the collection, use and disclosure of your social insurance number by the Plan and its agents as required by law, including for income tax reporting purposes, file management and database indexing.

By providing Personal Information concerning a third party (such as a spouse or beneficiary), you warrant that you have obtained appropriate consent from that third party for the purposes for which you have provided it.

Your Personal Information will be kept at the Plan offices at 2 Queen Street East, Suite 1400, P.O.Box 22, Toronto ON M5C 3G7 (archived records may be held at secure sites elsewhere).

You have the right to request access to or correction of your Personal Information, subject to applicable legal restrictions. If you wish to exercise these rights, or for more information about the protection of Personal Information at the Plan, please call the Plan's Privacy Officer at 416.673.9000 or email [privacyofficer@caatpension.on.ca](mailto:privacyofficer@caatpension.on.ca).

To view the Plan's privacy policy, visit [www.caatpension.on.ca](http://www.caatpension.on.ca).

**I have read, understood and consent to the above. A photocopy of this consent will be as valid as the original.**

Member Name (please print)

Member Signature

Date