

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

Employer Name \_\_\_\_\_

**Purchase Type (Select one):**

- Vested Prior Service:** Member previously terminated and received a commuted value payout and now wishes to purchase the service. **Complete Sections A, B, C, and E.**
- Non-vested Prior Service:** Member previously terminated and received a refund of contributions plus interest and now wishes to purchase the service. **Complete Sections A, B, C and E.**
- Unpaid Leave of Absence:** Member wishes to make the purchase more than 6 months after the end of the leave. **Complete all sections.**
- Pregnancy/Parental or Adoption Leave:** Member wishes to make the purchase more than 6 months after the end of the leave. Complete all sections of form.

**A Member section - Completed by member.**

|                 |   |               |                         |
|-----------------|---|---------------|-------------------------|
| Last name       | First name  | Initial       | Social Insurance Number |
|                 |   |               |                         |
| Date of birth   | Language preference<br><input type="checkbox"/> English <input type="checkbox"/> French | Email address | Phone number            |
|                 |   |               |                         |
| Mailing address |   |               |                         |
|                 |   |               |                         |

**B Member signature**

|                  |      |
|------------------|------|
| Member Signature | Date |
|------------------|------|

**C Employment information - Completed by current CAAT Pension Plan employer.**

|                            |                                 |                |
|----------------------------|---------------------------------|----------------|
| Date of hire (dd-mmm-yyyy) | Date of enrolment (dd-mmm-yyyy) | Current salary |
|                            |                                 |                |

**D Service details - Complete for Unpaid Leave of Absence, Pregnancy, Parental or Adoption leave purchase by CAAT Pension Plan employer where the purchasable service was earned.**

Report each service period to be purchased on a separate line below. If you require more room, use page 2 to report additional periods of service.

| Current/previous employer | Year | Service start date<br>(month/day) | Service end date<br>(month/day) | Earnings |
|---------------------------|------|-----------------------------------|---------------------------------|----------|
|                           |      |                                   |                                 |          |
|                           |      |                                   |                                 |          |
|                           |      |                                   |                                 |          |
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|                           |      |                                   |                                 |          |
|                           |      |                                   |                                 |          |
|                           |      |                                   |                                 |          |

**E Employer signature**

|                                 |                                      |      |
|---------------------------------|--------------------------------------|------|
| Employer HR Representative Name | Employer HR Representative Signature | Date |
|---------------------------------|--------------------------------------|------|

