

# South Shore Regional School Board C.U.P.E. Staff Pension Plan

## Notice of Employee Right to Contribute During Leave of Absence or Disability

The South Shore Regional School Board C.U.P.E. Staff Pension Plan (the "Plan") provides employees with the option to earn pension benefits while on leave or disabled provided the employee makes the required contributions. Normally, employee contributions are made by way of regular payroll deductions. During a leave of absence or disability an employee must pay the contributions themselves in order to earn pension benefits.

If you choose to continue to earn pension benefits during your leave of absence or disability, you will be required to make contributions in the amount of \$\_\_\_\_\_ every 2 weeks to the Plan. Upon your return to active employment, your contributions to the Plan will begin again to be paid by regular payroll deductions.

**If you choose not to make the contributions noted above, you will not earn pension benefits during your leave of absence or disability. You will only retain benefits earned in the plan to the date you begin your leave of absence or disability. You will not earn pension benefits until you return to active employment and recommence contributions. You will also not be able to purchase the pension benefits lost during your leave of absence or disability at a later date. Upon your return to active employment, your contributions to the Plan will begin again to be paid by regular payroll deductions.**

Member's Surname	First Name	Initial	Social Insurance Number
Mailing Address of Member			
Type of Absence	Date of Absence		Expected Date of Return

Please indicate below whether you wish to contribute to the Plan during your absence.

I choose to contribute to the Plan during my absence.

I choose not to contribute to the Plan during my absence and acknowledge that I will not earn pension benefits during my leave of absence or disability or be able purchase these pension benefits at a later date.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Please return this form by \_\_\_\_\_ or the default of not contributing to the Plan will be chosen.

If at any time during your absence you would like to commence contributing to the Plan or cease contributing to the Plan, please contact the Human Resources Department at (902) 541-3007.