

## PURCHASE OF SERVICE APPLICATION PACKAGE

### Instructions

Read pages 1 and 2 before completing the attached form.

For full details on buying service, including tax considerations and information to help with decision-making, visit the plan website at [pspp.pensionsbc.ca](https://pspp.pensionsbc.ca).

You may be able to complete this form using the purchase cost estimator in My Account ([myaccount.pensionsbc.ca](https://myaccount.pensionsbc.ca)).

### What you need to know

#### Who can buy service?

As a member of the Public Service Pension Plan, you may be able to buy service for:

- Approved leaves of absence
- Past service or non-contributory service
- Arrears periods

To learn more about these service types and whether you might be eligible (as well as restrictions on buying service), visit the plan website.

#### Cost and value

By buying service, you increase the number of years that count toward your pension. This could get you closer to an unreduced pension and increase the amount of your benefit at retirement.

- Sign in to My Account at [myaccount.pensionsbc.ca](https://myaccount.pensionsbc.ca) and use the purchase cost estimator to estimate the cost and value of buying service
- Find examples and a decision-making guide at [pspp.pensionsbc.ca/taking-time-off-work-and-buying-service](https://pspp.pensionsbc.ca/taking-time-off-work-and-buying-service)

#### Purchase options

For leaves of absence covered by the *Employment Standards Act (ESA)* or *Canada Labour Code (CLC)*, you can choose between two options:

- Option 1—Continuous contributions (about once a month) throughout your leave
- Option 2—Lump-sum payment after your leave ends

*ESA/CLC leaves include:* maternity, parental/adoption, compassionate care, family responsibility, bereavement, jury duty, leave respecting disappearance of a child, leave respecting death of a child, critical illness or injury, personal illness or injury, Covid-19-related, and leave respecting domestic or sexual violence.

For general leaves (not covered by the ESA or CLC) or other service types, you can only make a lump-sum payment.

For details on leave types and options, visit the plan website.

#### Deadlines

Your deadline to apply depends on how you are buying your service (see Purchase Options above):

- If you wish to continue making contributions during a leave of absence, you must apply within 30 days of starting your leave (e.g., if your leave starts on May 1, you can apply up to May 31)
- If you are making a lump-sum payment after your leave of absence, you must apply by whichever of the following deadlines comes first:
  - Five years from the end of the leave period you're applying to buy
  - Before leaving the employer with whom your leave occurred

If you are buying a different type of service (not a leave of absence), visit the plan website for deadline details.

## How to complete this form

### Before you begin

You'll need to know:

- Your **purchase type** and **start/end** dates (your employer can help you find this information)
- Your **Person ID** number (found on any document sent to you by the pension plan)

### Complete and submit the form

To apply to buy service:

1. Complete Part A of this form. For leaves of absence, be sure to indicate if you want to continue making contributions or make a lump-sum payment.
2. Send the completed form to your current employer. Your employer may request additional documents to complete your application (e.g., pay stubs or a letter of hire.)
3. Your employer will complete Part B and send the form to the plan.

### Next steps

- Don't send money at this time
- Your employer must send the completed form to the plan within 30 days of receiving it from you
- The pension plan will process your application and send you a statement noting:
  - Cost to buy service
  - Payment due date
  - Payment options
- Once you receive the statement:
  - If you decide to buy service, you must pay the amount shown by the payment due date
  - If you choose to make continuous contributions, you will receive a new statement of cost about once a month throughout your leave
  - You may pay for your purchase by personal or certified cheque, online banking, money order, bank draft and/or RRSP transfer

### Need help?

Visit the plan website to learn more about buying service. For help completing this form, contact your employer or the pension plan.

**Instructions for plan member**

- Read pages 1 and 2 before completing this form.
- Complete Part A of this form, then send this form to your employer. They may request additional documents to complete your application.
- For help completing this form, contact your employer or the pension plan.

<b>PART A</b> To be completed by <b>PLAN MEMBER</b> — <i>please print clearly</i>			
LAST NAME		FIRST NAME AND INITIAL ( <i>if any</i> )	
ADDRESS ( <i>include unit number if applicable</i> )		CITY	PROVINCE
DATE OF BIRTH YYYY-MM-DD	PHONE ( <i>include 10 digits</i> )	EMAIL	

Type of purchase (select **only one**)—a separate application is required for each purchase type.

<b>Leaves Of Absence</b>		YYYY-MM-DD
<input type="radio"/> Maternity	Child date of birth	<input type="text"/>
<input type="radio"/> Parental		
<input type="radio"/> Adoption	Adoption date	<input type="text"/>
<input type="radio"/> Compassionate care		
<input type="radio"/> Other—see full list on page 1	<input type="text"/>	
<input type="radio"/> General leave ( <i>more than 30 calendar days</i> )		
<input type="radio"/> General leave ( <i>less than 30 calendar days</i> )	<i>Employer pays their portion per Public Service Pension Plan Rules</i>	
<input type="radio"/> Arrears		
<input type="radio"/> Non-contributory service		
<input type="radio"/> Past service		

<b>PERIOD OF SERVICE YOU ARE APPLYING TO PURCHASE</b>		
EMPLOYER NAME DURING PURCHASE PERIOD	PURCHASE PERIOD START DATE YYYY-MM-DD	PURCHASE PERIOD END DATE YYYY-MM-DD

<b>HOW WOULD YOU LIKE TO PAY FOR YOUR LEAVE OF ABSENCE?</b>
<input type="radio"/> Lump-sum payment after your leave
<input type="radio"/> Continuous contributions throughout your leave ( <i>Not eligible for all leave types, see Purchase Options on page 1 for more information</i> )

<b>DID YOU CONTRIBUTE TO A REGISTERED PENSION PLAN WITH ANY OTHER EMPLOYER DURING THIS PERIOD?</b>
<input type="radio"/> NO <input type="radio"/> YES ( <i>employer-sponsored plans only; does not include RRSPs or Canada Pension Plan</i> )

<b>DID YOU OWN A FULL-TIME, PART-TIME OR CASUAL/AUXILIARY POSITION DURING THE PURCHASE PERIOD?</b>
<i>If you're buying service for a leave, indicate if you were full-time, part-time or casual/auxiliary before you went on leave. If you're buying another type of service, indicate if you were full-time, part-time or casual/auxiliary during the purchase period.</i>
<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME ( <i>indicate percentage</i> ) % <input type="radio"/> CASUAL/AUXILIARY

**Next steps**

- Make a copy of this page for your records
- Forward this form to your employer and ask them to complete the appropriate sections on the following page.

MEMBER LAST NAME	FIRST NAME	PERSON ID
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**Instructions for current employer**

- Validate the information in Part A.
- Complete this section and return the purchase application form to the pension plan within 30 days of receiving it from your employee.
- Refer to the employer manual for clarification.
- Use the Additional Comments field below to indicate if the purchase is a CLC leave; or to provide any additional information related to this request.
- Keep a copy for your records.

**PART B** To be completed by **CURRENT EMPLOYER**—*please print clearly*

CURRENT EMPLOYER NAME	EMPLOYER NUMBER <i>(include 5 digits)</i>	CONTACT PHONE <i>(include 10 digits)</i>	APPLICATION RECEIVED DATE <small>YYYY-MM-DD</small>
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CURRENT ANNUAL PENSIONABLE SALARY (costing salary) <i>(full-time equivalent pensionable salary must be completed by current employer)</i> \$	<b>OR</b>	<input type="checkbox"/> Check (✓) if the plan member is currently on group disability (e.g., LTD)
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**OPTION 1—Continuous contributions.** *(Depending on the frequency of your pay periods, you will be completing this section approximately monthly).*

1. Indicate the amount of service and salary paid in the purchase period over the past month (e.g., maternity, parental/adoption leave top up).
2. Indicate the service to be purchased for the same period.
3. Repeat this step each month for the duration for the leave. Update the current annual pensionable salary for the purchase period if the salary changes during the leave.

**OPTION 2—Lump sum purchases after the leave has ended.**

1. Indicate the amount of service and salary paid in the purchase period (e.g., maternity, parental/adoption leave top up).
2. Based on the total service available in the reporting cycle, indicate the service to be purchased.
3. Be sure to break out the service by segment. *(If you need more space, please continue the breakdown on a separate document).*

		SERVICE AND SALARY PAID IN PURCHASE PERIOD			SERVICE AND SALARY TO BE PURCHASED IN PURCHASE PERIOD		
START DATE <small>YYYY-MM-DD</small>	END DATE <small>YYYY-MM-DD</small>	PENSIONABLE SERVICE	CONTRIBUTORY SERVICE	SALARY	PENSIONABLE SERVICE	CONTRIBUTORY SERVICE	SALARY
				<b>TOTALS</b>			

**FOR ARREARS REQUESTS**  
 Indicate the type of arrears       MANDATORY ENROLMENT    OPTIONAL ENROLMENT    PAYROLL ERROR

**FOR NON-CONTRIBUTORY SERVICE**—*See the employer manual for details.*  
 Did an employee/employer relationship exist during the period of non-contributory service?    YES    NO  
 Did the member receive compensation in lieu of contributing to a registered pension plan during the period of non-contributory service?       YES    NO

**ADDITIONAL COMMENTS**—*if required*

**CURRENT EMPLOYER CERTIFICATION**—By signing this form I certify that I am an authorized signing officer for the employer indicated above. I also realize that by signing this form it is irrevocable and I accept the respective employer responsibility. **I certify that the information completed in Parts A and B of this form are true, complete and correct to the best of my knowledge.**

AUTHORIZED SIGNING OFFICER (print name)	SIGNING OFFICER TITLE	AUTHORIZED SIGNING OFFICER SIGNATURE	DATE SIGNED <small>YYYY-MM-DD</small>
		X	

**Instructions for former employer**

- Complete this section, as well as the service to be purchased in **Part B**, and return the purchase application form to your employee.
- Refer to the employer manual for clarification.
- Keep a copy for your records.

**PART C FOR PAYROLL ARREARS ONLY.** To be completed by **FORMER EMPLOYER**—IF REQUIRED—*please print clearly*

This part is to be completed by the former employer for payroll arrears pertaining to them in Part A above.

**FORMER EMPLOYER CERTIFICATION**—By signing this form I certify that I am an authorized signing officer for the employer indicated above. I also realize that by signing this form it is irrevocable and I accept the respective employer responsibility. **I certify that the information completed in Part A, the service to be purchased in Part B, and Part C of this form is true, complete and correct to the best of my knowledge.**

AUTHORIZED SIGNING OFFICER (print name)	AUTHORIZED SIGNING OFFICER TITLE	AUTHORIZED SIGNING OFFICER SIGNATURE	DATE SIGNED YYYY-MM-DD
		X	