



The Civil Service Superannuation Fund Election To Contribute On Maternity Leave

SECTION A – TO BE COMPLETED BY THE EMPLOYEE PRIOR TO COMMENCEMENT OF LEAVE

- ☐ I do not wish to receive information on the cost to purchase service while on maternity leave.
You may apply to purchase this period of service in the future at full actuarial cost.
- ☐ I request information on the cost to purchase service while on maternity leave.
The required contributions on earnings for the period of service are as prescribed under The Civil Service Superannuation Employee Contribution regulation.

Maternity Leave From: _____ To _____

Employee Name: _____

Employee Number: _____ Social Insurance Number: _____

Mailing Address: _____

_____ Postal Code _____

Employee's Signature

Email Address

Date

This completed form should be given to your Human Resource / Payroll Department.

SECTION B – TO BE COMPLETED BY THE EMPLOYER

Employee Status: _____ Bi-weekly Hours: _____

Hourly Rate: _____ Full-time Annual Salary: _____

Year-to-date Pensionable Service (to date of maternity leave): _____

Year-to-date Pensionable Earnings (to date of maternity leave): _____

Maternity Leave From: _____ To _____

Year	Number of Pay Periods	Pensionable Service (to 4 decimals)	Pensionable Earnings
_____	_____	_____	_____
_____	_____	_____	_____

Payroll Contact Name

Phone # / Email Address

Date

For CSSB Use Only