



# The Civil Service Superannuation Fund

## Election to Contribute on Reduced Hours in Last Five Years Prior to Retirement

### SECTION A – TO BE COMPLETED BY THE EMPLOYEE PRIOR TO THE CHANGE IN STATUS

- ☐ I request information on the cost to contribute to The Civil Service Superannuation Fund (Fund) on the salary difference between my full-time and reduced hours.

The required contributions are as prescribed under The Civil Service Superannuation Employee Contribution regulation PLUS an equal matching amount.

I understand that if I elect to contribute on the salary difference between full-time and reduced hours I am required to make monthly contributions to the Fund.

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

To be eligible, the employee must be within five years of an unreduced pension and the reduction in hours has been approved by the Employer.

Change in Hours from \_\_\_\_\_ to \_\_\_\_\_

Employee Status Change Date: \_\_\_\_\_

Year-to-date Pensionable Earnings: \_\_\_\_\_

Year-to-date Pensionable Service: \_\_\_\_\_

Reduced bi-weekly pensionable salary paid from payroll: \$ \_\_\_\_\_

Employee's full-time annual salary as at date of change: \$ \_\_\_\_\_

\_\_\_\_\_  
Payroll Contact Name

\_\_\_\_\_  
Phone # / Email Address

\_\_\_\_\_  
Date

**For CSSB Use Only**