

Pension Service Purchase Application

MEMBER INFORMATION

Name:		 First name				 Middle initial
		FILSUNAME				
Mailing Address:	City/Tow	า		Provinc		Postal Code
For Identification Purposes: HEB ID:	OR Last 4 Digits of SIN:					
Phone:	Personal Email:					
Birth Date:	Retirement Date: _	DD	MMM	YYYY	_ (if applic	able)
Please send me information on purchasing Unpaid leave of absence (LOA) Maternity/parental leave before my Layoff Period of continuous employment w	most recent date of hi	re				
 Period of continuous employment w Casual employment before 1984 (no Strike period 			ipation in	the Pens	ion Plan	
Period of missed pensionable service: Fro	m: 	 YYYY	_ To:	DD	MMM	ΥΥΥΥ
Pension contributions made during the peric	od of missed pensionab	le service	will be exc	cluded fr	om the pu	rchase cost.
If you have multiple periods of missed pension	onable service you mus	t submit s	eparate a	oplicatio	ns for eacl	n one.

Find details on our website about the types of service that can be purchased and what service is not eligible.

FORM RETURN

Please email the completed form to info@hebmanitoba.ca