

Pension Plan

Current Service Buyback Application Form

Employee Information To be completed by employee

Employee Name: _____
Last name First name Middle initial

Mailing Address: _____
Town/City Province Postal code

Employee SIN: _____ Birth Date: _____ | _____ | _____ Phone Number: _____
For identification purposes only DD MMM YYYY

Period of unpaid leave of absence (LOA)/layoff that does not exceed 54 weeks in duration (or 52 weeks prior to May 31, 2010):

From: _____ | _____ | _____ To: _____ | _____ | _____
DD MMM YYYY DD MMM YYYY

Note:

- Any pension contributions made during the unpaid LOA/layoff will be excluded from the buyback cost.
- If you are (or were previously) on an unpaid LOA/layoff in excess of 54 weeks, HEB Manitoba will adjust the employment service granted for any period greater than 54 weeks accordingly (or for any period greater than 52 weeks prior to May 31, 2010).
- If you are (or were previously) on an unpaid LOA/layoff in excess of 24 months, with no contributions remitted on your behalf to the Plan, your Plan membership will be terminated. No employment service will be granted for the period spent on the unpaid LOA/layoff. Any employment service that was previously granted will be adjusted accordingly and Pension Plan termination options will be sent to you.

I hereby confirm that the above information is accurate. I understand that HEB Manitoba must receive this completed and signed form from my employer within six months of my return to active employment so that it is received at least 60 days prior to my termination or at least 60 days prior to my retirement date, in order to purchase the above period of unpaid LOA/layoff under the Current Service Buyback provisions.

Employee Signature: _____ Date Signed: _____ | _____ | _____
DD MMM YYYY

Employer Verification To be completed by the employer who approved the LOA/layoff

Employer/Facility Name: _____ Employer/RHA Number: _____

Employer Representative Name: _____ Phone Number: _____

Type of approved unpaid leave: (please select one)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Maternity/parental | <input type="checkbox"/> Educational/professional | <input type="checkbox"/> Personal | <input type="checkbox"/> Compassionate care |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Workers Compensation Board | <input type="checkbox"/> Manitoba Public Insurance | <input type="checkbox"/> Layoff |

Employee's last day worked: _____ | _____ | _____
DD MMM YYYY

Employee's return to full duties and regular equivalent full-time hours (EFT): _____ | _____ | _____
DD MMM YYYY

Employee's hourly salary as of the last day worked: _____

Employee's EFT as of the last day worked: _____

Employee's date of disability approval, if available: _____ | _____ | _____
DD MMM YYYY

Please indicate the period of paid sick leave, if applicable:

From: _____ | _____ | _____ To: _____ | _____ | _____
DD MMM YYYY DD MMM YYYY

Period of unpaid LOA/layoff, if different than indicated in Employee Information section above:

From: _____ | _____ | _____ To: _____ | _____ | _____
DD MMM YYYY DD MMM YYYY

I hereby confirm that the above information in this form is accurate. I understand that HEB Manitoba must receive this completed and signed form within six months of the employee returning to full duties and regular EFT in order for the employee to purchase the above period of approved unpaid LOA/layoff under the Current Service Buyback provisions.

Employer Representative Signature: _____ Date Signed: _____ | _____ | _____
DD MMM YYYY

Form Return

Please return the completed form to the representative in your facility/RHA responsible for benefits, e.g., the Human Resources or Payroll Department. Your employer representative will submit your form to HEB Manitoba, 900-200 Graham Avenue, Winnipeg MB R3C 4L5.