

# Pension Plan Past 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

Date of Retirement: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ (if applicable)  
DD MMM YYYY

I would like to receive information on purchasing a period of missed pensionable service related to a(n):

- Unpaid leave of absence (LOA) that does not exceed 54 weeks in duration (or 52 weeks prior to May 31, 2010) and would not be eligible for a Current Service Buyback
- Maternity/parental leave prior to my most recent date of hire (maximum of six months of maternity/parental leave approved by a participating or predecessor plan employer and continuous with your most recent date of hire)
- Period of layoff that does not exceed 54 weeks in duration (or 52 weeks prior to May 31, 2010)
- Period of continuous employment where eligibility requirements were not met
- Period of continuous employment where I chose not to participate in the Pension Plan until a later date
- Casual employment prior to 1984 (no break in employment service)
- Strike period that does not exceed 54 weeks in duration (or 52 weeks prior to May 31, 2010).

**Note:**

- 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.

Period of missed pensionable service: From: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ To: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
DD MMM YYYY DD MMM YYYY

*Note: Any pension contributions made during the period of missed pensionable service will be excluded from the buyback cost.*

I hereby confirm that the above information is accurate. To purchase the period of missed pensionable service described above for an approved unpaid leave, under the Past Service Buyback provisions, I understand that:

- I must provide this signed form to my employer
- My employer requires adequate time to verify the information and submit the form to HEB Manitoba so it is received at least **60 days prior to** my termination or **at least 60 days prior to** my retirement date
- My *Past Service Buyback Application Form* will not be processed if this requirement is not met.

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
DD MMM YYYY

## Employer Verification To be completed by current employer

Employer/Facility Name: \_\_\_\_\_ Employer/RHA Number: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee's annual salary at the date employee signs this form: \_\_\_\_\_ Employee's hourly salary at the date employee signs this form: \_\_\_\_\_

Employee's equivalent full-time hours (EFT) at the date employee signs this form: \_\_\_\_\_

I hereby confirm that the information in this form is accurate. For the employee to purchase the period of missed pensionable service described above for an approved unpaid leave, under the Past Service Buyback provisions, I understand that:

- HEB Manitoba must receive this completed, signed form **at least 60 days prior to** the employee's termination or **at least 60 days prior to** the employee's retirement date
- The employee's *Past Service Buyback Application Form* will not be processed if this requirement is not met.

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.