

Member Account Adjustment Request (For Active Contributing Employees Only)

1

Tell us about you

Employer Name: _____

Department (if applicable): _____

Name of Requestor: _____

Mailing Address (to send cheque to): _____

Pay Date of remittance that contained over-contributions: _____

2

List of Over-contributions

Social Insurance Number: _____	Contributions			
Last Name: _____	Employee	Employer	Voluntary	Total
Department Code: _____				
Reason: _____				
Other: _____				

Social Insurance Number: _____	Contributions			
Last Name: _____	Employee	Employer	Voluntary	Total
Department Code: _____				
Reason: _____				
Other: _____				

Social Insurance Number: _____	Contributions			
Last Name: _____	Employee	Employer	Voluntary	Total
Department Code: _____				
Reason: _____				
Other: _____				

Total:

The total over-contributions received by PEPP from the employer in error for this remittance will be returned to the employer to refund and advise as appropriate.

If a member does not have enough money in their PEPP account by source to return, PEPP can only refund the amount available. It will be up to the employer to work out further discrepancies directly with the member.

 Signature of requestor (if mailed or faxed)