

**! Please return this form directly to your employer.**

# Contributions to PEPP While on Disability Leave

**1**

**Please read and complete this form. Once signed, return to your employer.**

While you are on disability leave and receiving income replacement benefits due to an inability to work, contributions to PEPP must continue as per *The Public Employees' Pension Plan Act*.

In order to receive the matching pension contribution from your employer, you are required to provide your employer with your employee pension contribution. The contribution amount is calculated by the employer based on your pre-disability salary.

If you do not submit your pension contributions, the employer will not be required to send in the employer portion, which will impact your PEPP account balance at retirement and related investment earnings.

Please ensure your contribution is submitted to your employer as soon as possible following each disability income payment received.

**2**

**Sign and date here after reading above.**

**! I understand that it is my responsibility to remit my employee contributions to my employer during my period of disability leave.**

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Signature

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Date (day/month/year)

**This step is to be completed and retained by the employer only.**

**3**

**Sign and date.**

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Signature

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Date (day/month/year)

**To be completed by the employer**

Entered by: \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_\_\_