Public Employees Pension Pl	an
	Absence (LOA)
- (	Contribution Options
	(Employer Form)
	January 2024
I This completed form must be received by PEPP and payment must begin within 90 calendar days of an employee's leave end date.	
1) To be completed by the Employer (Please print)	Please refer to the Employer Administration Guide
PEPP Employee ID or SIN:	Mailing Address:
Last Name:	City:
First Name & Initial:	Province: Postal Code:
Name of Employer (and Department if applicable):	Period of Leave ( <i>dd/mmm/yyyy</i> ) to ( <i>dd/mmm/yyyy</i> ): Start: End:
Calculating contributions:	
Employee Contributions (to be submitted by employee)	Employer Contributions (to be submitted by employer)
Salary per pay period prior to leave	Salary per pay period prior to leave
Contribution rate * x	Contribution rate * x
Number of pay periods during leave X	Number of pay periods during leave x
Total contributions for leave =	Total contributions for leave =
* Any change to the contribution rate (negotiated rate of pension contributions) during the	ne leave must be accounted for in the calculation of the repayment amount.
Employer Representative who completed the calculations:	
Name (please print):	Signature:
Name (please print): Work Phone Number:	Signature: Date ( <i>dd/mmm/yyyy</i> ):
Work Phone Number:	Date ( <i>dd/mmm/yyyy</i> ): Please refer to the <i>PEPP Talk on Leave of Absence</i> I elect not to contribute to PEPP for my period
Work Phone Number:         2       To be completed by the Employee (please print)         I elect to contribute the total contributions as indicated above.         I choose the following payment option:	Date ( <i>dd/mmm/yyyy</i> ):
Work Phone Number: 2 To be completed by the Employee (please print) I elect to contribute the total contributions as indicated above.	Date (dd/mmm/yyyy): Please refer to the PEPP Talk on Leave of Absence D I elect not to contribute to PEPP for my period of leave. By electing not to contribute, I acknowledge and understand that: - I, on behalf of myself, heirs and executors,
Work Phone Number:         2       To be completed by the Employee (please print)         I elect to contribute the total contributions as indicated above.         I choose the following payment option:	Date (dd/mmm/yyyy): Please refer to the PEPP Talk on Leave of Absence Description I elect not to contribute to PEPP for my period of leave. By electing not to contribute, I acknowledge and understand that: - I, on behalf of myself, heirs and executors, relinquish the right to contribute to PEPP for the
Work Phone Number:         2       To be completed by the Employee (please print)         I elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction	Date (dd/mmm/yyyy): Please refer to the PEPP Talk on Leave of Absence I elect not to contribute to PEPP for my period of leave. By electing not to contribute, I acknowledge and understand that: - I, on behalf of myself, heirs and executors, relinquish the right to contribute to PEPP for the period of leave of absence and release my employer from any obligation to contribute to the plan on
Work Phone Number:         2       To be completed by the Employee (please print)         I elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction         as a lump sum - all off one paycheque	Date (dd/mmm/yyyy):
Work Phone Number:         2       To be completed by the Employee (please print)         1       I elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction         as a lump sum - all off one paycheque         maximum pay periods allowed (see reverse)	Date (dd/mmm/yyyy): Please refer to the PEPP Talk on Leave of Absence Description I elect not to contribute to PEPP for my period of leave. By electing not to contribute, I acknowledge and understand that: - I, on behalf of myself, heirs and executors, relinquish the right to contribute to PEPP for the period of leave of absence and release my employer from any obligation to contribute to the plan on my behalf, with respect to the period of leave of
Work Phone Number:         2       To be completed by the Employee (please print)         1       I elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction         as a lump sum - all off one paycheque         maximum pay periods allowed (see reverse)         over pay periods         transfer from a Registered Retirement Savings Plan (RRSP).	Date (dd/mmm/yyyy):
Work Phone Number:         2       To be completed by the Employee (please print)         1       I elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction         as a lump sum - all off one paycheque         maximum pay periods allowed (see reverse)         over pay periods         transfer from a Registered Retirement Savings Plan (RRSP).         Contact PEPP for the Canada Revenue Agency (CRA) form.	Date (dd/mmm/yyyy):
Work Phone Number:         2       To be completed by the Employee (please print)         1       I elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction         as a lump sum - all off one paycheque         maximum pay periods allowed (see reverse)         over pay periods         transfer from a Registered Retirement Savings Plan (RRSP).         Contact PEPP for the Canada Revenue Agency (CRA) form.         personal cheque payable to and submitted to your employer	Date (dd/mmm/yyyy):
Work Phone Number:         Image: Construct the state of the stat	Date (dd/mmm/yyyy):
Work Phone Number:         2       To be completed by the Employee (please print)         1       I elect to contribute the total contributions as indicated above.         I choose the following payment option:	Date (dd/mmm/yyyy):         Please refer to the PEPP Talk on Leave of Absence         I elect not to contribute to PEPP for my period of leave.         By electing not to contribute, I acknowledge and understand that:         - I, on behalf of myself, heirs and executors, relinquish the right to contribute to PEPP for the period of leave of absence and release my employer from any obligation to contribute to the plan on my behalf, with respect to the period of leave of absence.         - My pensionable service will not reflect the period for the leave of absence.         - This election cannot be revoked.         orm and cheque (if applicable) to your employer forms and I understand my options.         Date (dd/mmm/yyyy):
Work Phone Number:         2       To be completed by the Employee (please print)         1 elect to contribute the total contributions as indicated above.         I choose the following payment option:         payroll deduction         as a lump sum - all off one paycheque         maximum pay periods allowed (see reverse)         over pay periods         transfer from a Registered Retirement Savings Plan (RRSP).         Contact PEPP for the Canada Revenue Agency (CRA) form.         personal cheque payable to and submitted to your employer         Employee Consent - after making your choice and signing, return this for have reviewed this form and the calculation of the employee contribution	Date (dd/mmm/yyyy):         Please refer to the PEPP Talk on Leave of Absence         I elect not to contribute to PEPP for my period of leave.         By electing not to contribute, I acknowledge and understand that:         - I, on behalf of myself, heirs and executors, relinquish the right to contribute to PEPP for the period of leave of absence and release my employer from any obligation to contribute to the plan on my behalf, with respect to the period of leave of absence.         - My pensionable service will not reflect the period for the leave of absence.         - This election cannot be revoked.         orm and cheque (if applicable) to your employer fors and I understand my options.         Date (dd/mmm/yyyy):

## **Notes for Employers**

#### This form does not need to be completed if:

a) the leave of absence was granted to work for another Public Employees Pension Plan (PEPP) employer **and** b) contributions continued to be made to PEPP

In all other cases the employee is to complete this form and return it to you.

For further details please refer to your PEPP Employer Administration Guide or the PEPP Talk on Leave of Absence available at pepp.plannera.ca

## **Notes for Employees**

You must complete this form and submit it to your employer whether or not you choose to contribute for the period of leave.

## If you choose not to contribute:

Your decision not to contribute for the period of leave cannot be revolked once your employer has received your decision.

#### If you choose to contribute:

Your contributions will be based on your salary immediately before your leave began. Your employer will also contribute the employer portion for the leave on your behalf.

### **Important Timeframes:**

Your payments must begin within 90 calendar days of your leave end date. If you use accumulated vacation time between the leave end date and your return to work this timeframe is not extended. After the 90 days has passed, you no longer have the option to contribute.

When electing to contribute through payroll deductions using the maximum pay period allowed: You have the equivalent of the length of your leave, or until December 31 the year after your leave ends (whichever is shorter), to repay your contributions for the period of your leave.

# For further details please refer to your PEPP Member Guide or the PEPP Talk on Leave of Absence available at pepp.plannera.ca

#### Maximum Leaves of Absence

The *Income Tax Act*, Canada limits the total amount of leave for which an employee may make contributions. Employees may contribute for a maximum of five years of accumulated leaves of absence. In the case of maternity or paternity leaves, the maximum is increased by an additional three years (eight years in total). There are no rules regarding a minimum period for a leave of absence.



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