

# City of Fredericton Shared Risk Plan

## Request for Purchase of Past Service or Transfer from Prior Pension Plan

### CALCULATION TYPE

PROBATIONARY PERIOD     LEAVE OF ABSENCE     PARENTAL LEAVE

REFUNDED SERVICE     MATERNITY LEAVE     TRANSFER FROM A PRIOR PLAN

### GROUP

REGULAR     PUBLIC SAFETY OCCUPATION (MGMT.)

### EMPLOYEE INFORMATION

NAME

EMPLOYEE ID

DATE OF BIRTH

Please attach proof of age

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

ADDRESS

TEL

### SERVICE INFORMATION (NOT REQUIRED FOR TRANSFER FROM A PRIOR PLAN)

Beginning date of period being purchased

Ending date of period being purchased

Hours (if applicable)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

### ADDITIONAL INFORMATION (AS NEEDED)

### CURRENT YEAR SALARY INFORMATION (REQUIRED IN ALL CASES)

Bi-weekly Salary Rate \$ \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Contributions: \$ \_\_\_\_\_

Is employee retiring in the near future?  Yes  No

If yes, please indicate retirement date: \_\_\_\_\_ (Please note that all payments for purchase of service must be completed prior to date of retirement.)

### REFUNDED SERVICE DETAILS (DATE OF REFUND AND AMOUNT REFUNDED IF APPLICABLE)

### AUTHORIZATION

SIGNATURE OF EMPLOYER REPRESENTATIVE

DATE OF APPLICATION

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year