

## PURCHASE OF SERVICE APPLICATION PACKAGE

This package provides instructions and information needed to complete the Purchase of Service Application.

### Plan member instructions

1. Sign in to My Account at [myaccount.pensionsbc.ca](http://myaccount.pensionsbc.ca) and use the purchase cost estimator to estimate the cost and value of buying service
2. Refer to [mpp.pensionsbc.ca/understand-the-process](http://mpp.pensionsbc.ca/understand-the-process) for information about leave types and deadlines.
3. Complete Part A.
  - For help completing this form, contact your employer
4. Send the entire package to your employer

### What happens next

- Your employer will complete part B and submit the package to the plan.
- The plan will process your application and send you a statement noting:
  - Cost to buy service
  - Payment due date
  - Payment options
- If you are registered for My Account, you will receive an email notification that the statement is available in Message Centre. Sign in to confirm your email address is correct.
- Once you receive the statement:
  - If you decide to buy service, you must pay the amount shown by the payment due date.
  - If you are eligible to make continuous contributions, you will continue to receive statements approximately once a month throughout your leave.
  - You can pay for your purchase by:
    - online banking
    - personal or certified cheque
    - money order
    - bank draft
    - RRSP transfer
    - a combination of the above

### Employer instructions

1. Verify the information provided in Part A
2. Complete Part B
  - Refer to the *Employer Instruction Manual* (EIM) section 2.7 for information on purchase types, leave maximums, and how to calculate service and salary
3. Send the completed package, within 30 days of receiving it, to the plan email inbox [mpp@pensionsbc.ca](mailto:mpp@pensionsbc.ca) with subject [POS application – EMPLOYER ORG #]

### What happens next

- For information on what to do if you receive an employer cost invoice, refer to section 2.9 in the *Employer Instruction Manual*.



# Municipal Pension Plan

## PURCHASE OF SERVICE APPLICATION

PERSON ID

mpp.pensionsbc.ca

Toll-free (Canada/U.S.): 1-800-668-6335 PO Box 9460, Victoria BC V8W 9V8

### PART A Plan member

LAST NAME		FIRST NAME AND INITIAL (if any)	
ADDRESS (include unit number if applicable)		CITY	PROVINCE
			POSTAL CODE
DATE OF BIRTH YYYY-MM-DD	PHONE NUMBER	EMAIL	

#### Type of purchase (select **only one**)

**Leaves Of Absence—Employment Standards Act (ESA)** leaves where the cost is shared between employer and member

- ☐ Maternity Child date of birth (YYYY-MM-DD)
- ☐ Parental
- ☐ Adoption Adoption date (YYYY-MM-DD)
- ☐ Compassionate care
- ☐ Other For full list of options, visit [mpp.pensionsbc.ca/which-leaves-you-can-buy](http://mpp.pensionsbc.ca/which-leaves-you-can-buy)

- ☐ General leave Any other leave where member is responsible for total cost of purchasing
- ☐ General shared leave Employer pays its share (e.g., as per a collective agreement)
- ☐ **Non-contributory service** Time worked for a MPP employer but did not contribute to, or earn service
- ☐ **Non-contributory service default** In cases where employment records are missing, inaccessible or incomplete
- ☐ **Past service** Time worked for a MPP employer prior to the employer joining the Plan
- ☐ **Arrears** For employer use only – refer to *Employer Instruction Manual (EIM)* section 2.4
- ☐ MANDATORY ENROLMENT ☐ OPTIONAL ENROLMENT ☐ PAYROLL ERROR

#### Full period of service you are applying to purchase

EMPLOYER NAME DURING PURCHASE PERIOD	PURCHASE PERIOD START DATE YYYY-MM-DD	PURCHASE PERIOD END DATE YYYY-MM-DD
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#### Payment options

- ☐ Lump-sum payment after your leave
- ☐ Continuous contributions (*see eligibility below*)
- ESA leave of absence
  - Application submitted within 30 days of leave start
  - May not be available for leaves under 30 days

#### Did you contribute to a registered pension plan with any other employer during this period?

☐ NO ☐ YES (does not include RRSPs or Canada Pension Plan)

#### Was your position full-time, part-time, or casual/auxiliary before or during the purchase period?

☐ CASUAL/AUXILIARY ☐ FULL-TIME ☐ PART-TIME (percentage of contract) %

*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

## Purchase of Service Application

MEMBER LAST NAME	FIRST NAME	PERSON ID
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**PART B Employer** – Refer to the EIM section 2.7.2.2 for details on how to complete

CURRENT EMPLOYER NAME	EMPLOYER NUMBER (include 5 digits)	CONTACT PHONE NUMBER	APPLICATION RECEIVED DATE YYYY-MM-DD
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CURRENT ANNUALIZED PENSIONABLE SALARY	<b>OR</b>	<input type="checkbox"/> Check (✓) if the plan member is currently on group disability (e.g., LTD)
\$ 1. Use most recent month or pay period of service and salary 2. Divide the salary by the pensionable service earned in that period 3. Multiply by 12 to annualize, for full year		

**BREAKDOWN TABLE**

**Lump Sum Purchases:** Indicate dates for full purchase period. Ensure each calendar year is clearly defined, using multiple lines or additional paper if necessary.

**Continuous Contributions:** Using one line, indicate dates for purchase portion only. Submit this application monthly, updating service and salary TO BE PURCHASED and CURRENT ANNUALIZED PENSIONABLE SALARY as needed.

		REPORTED IN PURCHASE PERIOD: If applicable, include any top ups, such as maternity or partial leave, to avoid over-reporting.			TO BE PURCHASED: Service and salary the employee would have normally earned, excluding already reported amounts.		
START DATE YYYY-MM-DD	END DATE YYYY-MM-DD	PENSIONABLE SERVICE	CONTRIBUTORY SERVICE	SALARY	PENSIONABLE SERVICE	CONTRIBUTORY SERVICE	SALARY
<b>TOTALS</b>							

**ADDITIONAL COMMENTS** — For example, indicate whether the leave was Canada Labour Code, any increase or decrease to salary, employer paying any portion of employee cost, alternate contact details, etc.

**CURRENT EMPLOYER CERTIFICATION**—By signing this form I certify that I am an authorized signing officer for the employer indicated above. I also realize that by signing this form it is irrevocable and I accept the respective employer responsibility. **I certify that the information completed in Parts A and B of this form are true, complete and correct to the best of my knowledge.**

AUTHORIZED SIGNING OFFICER (print name)	SIGNING OFFICER TITLE	AUTHORIZED SIGNING OFFICER SIGNATURE	DATE SIGNED YYYY-MM-DD
		X	

**PART C Former employer - complete only if applicable**

If the period of service to be purchased is with a prior employer:

1. Complete the BREAKDOWN TABLE in Part B
2. Complete Part C
3. Return the package to your employee.

**FORMER EMPLOYER CERTIFICATION**—By signing this form I certify that I am an authorized signing officer for the employer indicated above. I also realize that by signing this form it is irrevocable and I accept the respective employer responsibility. **I certify that the information completed in Part A, the service to be purchased in Part B, and Part C of this form is true, complete and correct to the best of my knowledge.**

AUTHORIZED SIGNING OFFICER (print name)	SIGNING OFFICER JOB TITLE	SIGNATURE	DATE SIGNED YYYY-MM-DD
		X	