

## 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 [worksafe.pensionsbc.ca/understand-the-process](http://worksafe.pensionsbc.ca/understand-the-process) for information about leave types and deadlines.
3. Complete Part A.
  - For help completing this form, contact WorkSafeBC Total Rewards
4. Send the entire package to WorkSafeBC Total Rewards

### What happens next

- WorkSafeBC Total Rewards 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 2.6 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 [worksafebc@pensionsbc.ca](mailto:worksafebc@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 2.8 in the *Employer Instruction Manual*.

**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) leave eligible for continuous contributions**

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

**General Leaves** not covered by ESA, must be paid by lump-sum.

- ☐ Care and Nurturing
- ☐ Self-Funded
- ☐ Personal Leave Up to 10 days
- ☐ Arrears Please contact your employer – refer to *Employer Instruction Manual (EIM)* section 2.3

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

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 any other registered pension plan 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) %

## Purchase of Service Application

MEMBER LAST NAME		FIRST NAME		PERSON ID		
<b>PART B Employer</b> – Refer to the EIM section 2.6.2.2 for details on how to complete						
CURRENT EMPLOYER NAME		EMPLOYER NUMBER (include 5 digits)		CONTACT PHONE NUMBER		
				APPLICATION RECEIVED DATE YYYY-MM-DD		
CURRENT ANNUALIZED PENSIONABLE SALARY				OR	<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						
<b>BREAKDOWN TABLE</b>  <b>Lump Sum Purchases:</b> Indicate dates for full purchase period. Ensure each segment (January to March / April to December) is clearly defined, using multiple lines or additional paper if necessary.  <b>Continuous Contributions:</b> 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.						
		<b>REPORTED IN PURCHASE PERIOD:</b> If applicable, include any top ups, such as maternity or partial leave, to avoid over-reporting.			<b>TO BE PURCHASED:</b> Service and salary the employee would have normally earned, excluding already reported amounts.	
<b>START DATE</b> YYYY-MM-DD	<b>END DATE</b> YYYY-MM-DD	<b>PENSIONABLE SERVICE</b>	<b>CONTRIBUTORY SERVICE</b>	<b>SALARY</b>	<b>PENSIONABLE SERVICE</b>	<b>CONTRIBUTORY SERVICE</b>
<b>TOTALS</b>						
ADDITIONAL COMMENTS — For example, indicate any increase or decrease to salary, employer paying any portion of employee cost, alternate contact details, etc.						
<b>CURRENT EMPLOYER CERTIFICATION</b> —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		