

Important

Before an employee starts any leave of absence of more than one month, the employer must complete an Application to Contribute During an Unpaid Leave of Absence form together with the member, and ensure a copy is sent to OPTrust. Alternatively, the member may be directed to the secure online services to complete the application.

Personal Information

The member must complete all sections of Part 1.

Leave of Absence Information

The member is responsible for identifying the type and the exact dates of the unpaid LOA. OPTrust will only provide a contribution calculation for the period the member has indicated on the application form. Paid vacation or sick periods should not be included in the leave of absence dates.

For maternity/parental/adoption leaves where the member is eligible for and has elected to receive Supplementary Unemployment Benefits (SUB), OPTrust must be advised if arrangements have been made for pension contributions to be deducted. The member must confirm the SUB period with the employer.

The member must elect if he or she wishes to contribute during the leave without pay. If the member chooses "yes", OPTrust will provide the member with the cost to continue pension contributions during the leave.

Member's Signature

The member must sign the form for the application to be valid. The member's signature authorizes OPTrust to collect personal information for the administration and calculation of the member's contributions for the LOA period. The signature is the member's acknowledgement that it is his/her responsibility to ensure that the completed application form is submitted to OPTrust.

Application to Contribute During an Unpaid Leave of Absence

OPTrust
 OPSEU Pension Trust / Fiducie du régime de retraite du SEPO
 1 Adelaide Street E., Suite 1200
 Toronto, ON M5C 3A7
 Tel: 416-681-6100 Fax: 416-681-6175
 Toll Free: 1-800-637-0024
 www.optrust.com

This form must be completed for leaves of absence without pay greater than one month. It is your responsibility to ensure this form is submitted to OPTrust or that the information is completed online before your leave begins.
 Visit our secure *Online Services* site at www.optrust.com to inform us of your leave of absence, to receive an online buyback cost quote, and to view your payment options.

1. Personal Information			
Member's Last Name	First Name	Initials	Social Insurance Number
Doe	Jane		123 - 456 - 789
E-mail Address			Telephone Number
jane.doe@internetaddress.com			(416) 123 - 4567

2. When will you be taking your leave of absence?
 Last day of work: (Y/M/D) 2005, 09, 12 Return to work on: (Y/M/D) 2006, 09, 13
Please do not include paid vacation or paid sick days.

3. What type of leave without pay are you applying for? Please Check (✓)

Pregnancy/Parental – Natural Mother Parental /Adoption – Father or Adoptive Parent

If you are eligible for Supplementary Unemployment Benefits (SUB) allowance during your leave, you can continue your pension contributions by asking your employer to make the pension deductions from your SUB allowance payments. Please confirm all dates with your employer.
 If you have arranged for contributions to be deducted from your SUB allowance, please indicate the period:

From: (Y/M/D) 2005, 09, 13 To: (Y/M/D) 2006, 04, 24

Family Medical Leave (5 to 8 weeks) WSIB – Salary paid by WSIB
 Illness Special/Educational/Other

4. Do you wish to make pension contributions during the period of leave without pay?
 See note on the back.
 Yes No

Jane Doe 2005/08/01
 Member's Signature Date (Y/M/D)

OPTRUST1025 05/2005 Please keep a copy of this form for your records and submit a copy to your employer.