



## Contributions to the Plan during Unpaid Leaves of Absence

### A Identification of member

\_\_\_\_\_  
Name and first name of member

\_\_\_\_\_-\_\_\_\_\_  
Social Insurance Number

### B Information on unpaid leave of absence

#### TYPE OF LEAVE OR ABSENCE

##### MEMBER PAYS EMPLOYEE CONTRIBUTIONS

- CSST** (occupational illness or work accident)
  
- UNPAID leave of absence (illness or accident)**  
(not due to an occupational illness, but including an injury  
resulting from a criminal act)
  
- Family or parental reason** (maternity, paternity or parental  
leave, or preventive withdrawal)

#### STARTING DATE OF LEAVE

#### END DATE OF LEAVE

##### MEMBER PAYS EMPLOYEE CONTRIBUTIONS + employer contributions

- Other UNPAID leaves of absence**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
first day **without pay**

Back since \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
first day **with pay**

Expected on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
first day **with pay**

Unknown

PLEASE SEE NEXT PAGE FOR SECTIONS C AND D

FORM BE KEPT ON FILE BY EMPLOYER

NOT TO BE SENT TO AON

#### QUESTIONS?

##### Client Contact Centre:

Telephone: **1-866-874-4069** toll-free

Fax: **514-845-0678**

E-mail: **rrtap@aon.ca**

## C Attestation

- I wish to continue my membership in the Pension Plan during my leave of absence for the reason stated in Section B and I understand that I must continue to make my contributions to the Plan for the **entire duration** of my leave of absence.

PLEASE GO TO SECTION D

- I do not wish to continue to make contributions to the Plan during my leave of absence (as identified above). I understand that this choice is irrevocable. I also understand that no service will be credited to me during my leave of absence

PLEASE GO TO SECTION D-3

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

y y y y / m m / d d

## D Declaration of member

I wish to continue making contributions to the Plan while on leave of absence. I understand that I will be required to keep making these contributions until I return from leave.

### 1 PAYMENT OF CONTRIBUTIONS

I wish to make the contribution payments as follows:

- Pre-authorized payment (you are hereby authorizing your employer to withdraw your contributions directly from your bank account)
- Payroll deduction (if a salary is being paid)
- Cheque (to the order of the employer)
- Other (please specify): \_\_\_\_\_

### 2 FREQUENCY OF CONTRIBUTIONS

My employer and I have agreed on the following contribution payment schedule:

- Normal salary payment dates
- Other (please specify): \_\_\_\_\_

### 3 CERTIFICATION

I hereby certify that the information provided in this form is accurate

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

y y y y / m m / d d