

**MUNICIPAL EMPLOYEES BENEFITS PROGRAM  
PENSION PLAN - LEAVE OF ABSENCE**

This form must be completed and sent to MEBP within 30 days of the return to work date.

*An employee, who has been away from work due to layoff, is unable to apply to purchase pensionable service. This form is therefore not required.*

**Section 1 – Employer Verification**

Employer Number: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (dd/mmm/yyyy)

Last day worked: \_\_\_\_\_ (dd/mmm/yyyy) Return to work date: \_\_\_\_\_ (dd/mmm/yyyy)

Prior to the return to work date, provide the date Pension contributions were last deducted from employee's pay.

Pay Period End Date \_\_\_\_\_ (dd/mmm/yyyy)

What are the year-to-date pensionable earnings at this date? \$ \_\_\_\_\_.

Type of Unpaid approved leave: (please select one) -

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Strike/Lockout     | <input type="checkbox"/> Maternity/Parental        | <input type="checkbox"/> Sick/Injury | <input type="checkbox"/> Workers Compensation Board |
| <input type="checkbox"/> Compassionate Care | <input type="checkbox"/> Manitoba Public Insurance | <input type="checkbox"/> Personal    | <input type="checkbox"/> Educational/Professional   |

**Section 2 – Employee Options and Signature**

A.  I wish to apply to purchase the pensionable service that I missed while away from work due to a leave of absence.

I understand that the cost will be calculated by MEBP based on my salary/pay in effect prior to the start of my leave and that I will be required to pay for both the employee and employer contributions based on rates in effect at the start of my approved unpaid leave of absence.

Once I receive this information from MEBP, I can decide whether or not to proceed with the payment. Payment of the required pension contributions are to be made directly to MEBP and can be made in a lump sum payment or transferred from a Registered Retirement Savings Plan.

B.  I do not wish to apply to purchase the pensionable service that I missed while away from work due to a leave at this time.

I understand that I have up to six months to apply (from my return to work date) to purchase this service under the buyback provision of the Pension Plan at which the cost will be based on my salary/pay in effect prior to the start of my leave.

If at any time after this 6-month period and prior to my termination or retirement, the cost of purchasing this past pensionable service will be actuarially determined based on my salary/pay and age on the date I apply under the buyback provision, which will result in a higher cost.

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_  
dd/mmm/yyyy

**Section 3 – Payroll Information and Employer Signature – Payroll information required if employee applying.**

Employment Type:  Full Time  Part Time  Seasonal/Casual

Employee's Salary/Pay **Prior to Start of Leave** Hourly \$ \_\_\_\_\_ or Annual Salary \$ \_\_\_\_\_

Employee was paid on a  Bi-weekly  Semi-monthly  Monthly basis and worked \_\_\_\_\_ hours per pay period.

Annual Base Hours \_\_\_\_\_ Current Year Pay Period Start Date \_\_\_\_\_ (dd/mmm/yyyy)

Did the employee receive any pensionable earnings during the leave of absence?  Yes  No

If yes, please provide details \_\_\_\_\_

Date \_\_\_\_\_ Authorized Officer's Signature \_\_\_\_\_  
dd/mmm/yyyy

Phone No. \_\_\_\_\_ Name of Authorized Person: \_\_\_\_\_

Mail or fax this form to MEBP. Keep a copy for your records.  
**Municipal Employees Benefits Program, PO Box 764, Winnipeg MB R3C 2L4 Fax 1-204-943-5998**