

**MUNICIPAL EMPLOYEES BENEFITS PROGRAM
PENSION PLAN - UNPAID LEAVE OF ABSENCE or LAYOFF**

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 of UNPAID Leave

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): _____

Last day paid to, if different than last day worked, (i.e., vacation pay, sick pay, etc.) (dd/mmm/yyyy): _____

Type of Unpaid approved leave, purchase of pensionable service available, select one

- Strike/Lockout Maternity/Parental Sick/Injury Workers Compensation Benefits
 Compassionate Care Manitoba Public Insurance Personal 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 from my return-to-work date to apply 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 (dd/mmm/yyyy): _____ Employee Signature: _____

Section 3 – Payroll Information to be completed by Employer if employee applying to purchase pensionable

Employment Type: Full Time Part Time Seasonal/Casual

Employee was paid on a Bi-weekly Semi-monthly Monthly basis Annual Base Hours: _____

Employee's Salary/Pay rate **on Last Day Worked:** Hourly \$ _____ or Annual Salary \$ _____

Please complete:

	Year to Date at Last Day Worked (A)	Paid during Leave (i.e., sick pay, vacation pay, etc.) (B)	Year to Date at Return-to-Work Date (A) + (B)
Pensionable Earnings			
Pensionable Hours			

Section 4 – Employer Authorization

Date (dd/mmm/yyyy): _____ Authorized Officer's Signature: _____

Phone No.: _____ Name of Authorized Person: _____

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