worksafe.pensionsbc.ca
Toll-free (Canada/U.S.): 1-888-440-0111
PO Box 9460, Victoria BC V8W 9V8

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 and use the purchase cost estimator to estimate the cost and value of buying service
2. Refer to 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 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 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 in the *Employer Instruction Manual*.

WORK SAFE BC

PURCHASE OF SERVICE APPLICATION

PERSON ID

worksafe.pensionsbc.ca

Toll-free (Canada/U.S.): 1-888-440-0111 PO Box 9460, Victoria BC V8W 9V8

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

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

Full period of service you are applying to purchase

PURCHASE PERIOD START DATE YYYY–MM–DD	PURCHASE PERIOD END DATE YYYY–MM–DD

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)* %

Freedom of Information and Protection of Privacy Act—Your personal information is being collected by the BC Pension Corporation for pension plan administrative services, including the evaluation of such services. This collection is authorized under sections 26(c) and (e) of the Freedom of Information and Protection of Privacy Act (BC). If you have any questions about this collection, contact the BC Pension Corporation's privacy team at penc.privacy@pensionsbc.ca or by phone at 778-698-6483.

MEMBER LAST NAME	FIRST NAME	PERSON ID

PART B **Employer** – *Refer to the EIM section 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

$

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

OR

☐ Check (✓) if the plan member is currently on group disability (e.g., LTD)

BREAKDOWN TABLE

Lump Sum Purchases: 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.

Continuous Contributions: 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.

		REPORTED IN PURCHASE PERIOD: If applicable, include any top ups, such as maternity or partial leave, to avoid over-reporting.			**TO BE PURCHASED:** Service and salary the employee would have normally earned, excluding already reported amounts.		
START DATE YYYY–MM–DD	**END DATE** YYYY–MM–DD	**PENSIONABLE SERVICE**	**CONTRIBUTORY SERVICE**	**SALARY**	**PENSIONABLE SERVICE**	**CONTRIBUTORY SERVICE**	**SALARY**
				TOTALS			

ADDITIONAL COMMENTS — *For example, indicate any increase or decrease to salary, employer paying any portion of employee cost, alternate contact details, etc.*

CURRENT EMPLOYER CERTIFICATION—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	

Clear form