

PEI School Boards New Member Enrolment

The Pension Office requires that you complete the following in order to enrol you as a member of the pension plan.

Please return completed form to:

Western School Board 272 MacEwen Road Summerside, PE C1N 2P7 Fax (902)888-8449	Eastern School District 234 Shakespeare Dr. Stratford, PE C1B 2V8 Fax (902)368-6690	CSLF (French) 1596, route 124 Abram-Village (Î.-P.-É.) C0B 2E0 Fax (902) 854-2981
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For Pension Office Use Only

Ent'd into Ariel By: _____ Date: _____

A. EMPLOYEE TO COMPLETE

Last Name		SIN	
First Name		Employee ID	
Middle Name		Date of Birth (dd-mmm-yyyy)	
E-mail			
Mailing Address			
City		Gender	M F
Province		Postal Code	

- Check any of the following that apply to you, with respect to the PEI Teacher's Pension Plan:**
- I contributed to the Teachers' Pension Plan in the past.
 - I took a refund of contributions made to the plan.
 - I am a Teachers' Pension Plan pensioner.

Keeping your information current is crucial to sharing important information with you. Changes to your name, address or e-mail should be forwarded to your Payroll Office.

Employee Signature: _____ Date: _____

B. EMPLOYER TO COMPLETE

<input type="checkbox"/> Teachers' Superannuation Fund (TSF) <input type="checkbox"/> Regular <input type="checkbox"/> Excluded Personnel		<input type="checkbox"/> Civil Service Superannuation Fund (CSSF) <input type="checkbox"/> Excluded Personnel	
<input type="checkbox"/> Eastern School District		<input type="checkbox"/> Western School Board	
<input type="checkbox"/> French School Board			
School Name		School Code	
Start Date (dd-mmm-yyyy)		Standard Year	<input type="checkbox"/> 10 month <input type="checkbox"/> 12 month

Reminder - Employees who are on fixed term contracts will require that a new enrolment form be completed with each new contract. Also, please ensure you complete a termination notice at the completion of each fixed term contract.

Completed by: _____ Date: _____