Municipal Pension Plan

PAST SERVICE PURCHASE APPLICATION

PERSON ID

mpp.pensionsbc.ca Toll-free (Canada/U.S.): 1-800-668-6335 PO Box 9460 Victoria BC, V8W 9V8

Use this form to apply to buy service for time worked with an employer before they joined the Municipal Pension Plan.

Plan member instructions

1. Complete Part A.
2. Send the application to your employer.
3. Upload valid proof of age at **myaccount.pensionsbc.ca** > *My profile* > *Personal information.*

What happens next

- Your employer completes Part B and sends the application to the plan.
- You will receive an email notification when your *Statement of Cost* is ready in My Account Message Centre. The statement includes the cost to buy, payment due date, and payment options.
- If you are re-applying or requesting an updated cost, you may not need to submit a new application. To learn more go to **mpp.pensionsbc.ca/buying-past-service.**

Important considerations

- If you decide to proceed after receiving your Statement of Cost and you contributed to another registered pension plan during the period you want to buy, you must end your membership in that plan and use those funds to buy the service.

PART A—Plan member

LAST NAME	FIRST NAME AND INITIAL *(if any)*	PERSON ID

ADDRESS *(include unit number if applicable)*

CITY	PROVINCE	POSTAL CODE

DATE OF BIRTH YYYY–MM–DD	PHONE NUMBER	EMAIL

Purchase information

NAME OF EMPLOYER	PAST SERVICE EMPLOYMENT (YYYY-MM-DD) START DATE	END DATE

Enter an amount you're considering using to buy service. This helps estimate how a partial purchase may increase your pension.

$_____

Did you contribute to a registered pension plan during this period? (*Not including Canada Pension Plan.*)

◯ NO ◯ YES - Complete *Former pension plan information*.

Former pension plan information

Complete this section if you contributed to a registered pension plan during the past service period.

NAME OF REGISTERED PENSION PLAN

Registered pension plan type

◯ DEFINED BENEFIT (DB) PLAN ◯ HYBRID PLAN

◯ DEFINED CONTRIBUTION (DC) PLAN ◯ SPECIFIED MULTI-EMPLOYER PLAN

Select the status that applies to you:

◯ ACTIVE (benefit remains in the plan)
◯ RECEIVING PENSION (monthly payment)
◯ TERMINATED (membership ended and benefit removed)

For TERMINATED defined benefit (DB) plans:
Provide TERMINATION DATE and the TOTAL VALUE paid-out, and what amount was LOCKED-IN and/or CASH.

TERMINATION DATE YYYY–MM–DD	TOTAL VALUE	CASH PORTION	LOCKED-IN PORTION

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.

Employer instructions

1. Complete Part B
2. Refer to the *Employer Instruction Manual* (EIM) section 2.8.3 for guidance on completing this form.
3. Send the application within 30 days of receiving it to the plan email, **mpp@pensionsbc.ca** with the subject:
   [Past Service POS - EMPLOYER ORG #]

PART B—Employer

DATE APPLICATION RECEIVED YYYY–MM–DD	EMPLOYER NUMBER	EMPLOYEE HIRE DATE YYYY–MM–DD	CURRENT ANNUALIZED PENSIONABLE SALARY	IS THE EMPLOYEE ON LTD?
			$_____	◯ YES ◯ NO

Service and salary information

For each calendar year being purchased, list the period of service, the number of months of pensionable and contributory service, and the pensionable salary paid. Please include periods of long-term disability (LTD) and any leaves of absence (LOA).

Do not include any time after the employee joined the plan.

Report the total for each year on one line.

CALENDAR YEAR YYYY	START DATE MM–DD	END DATE MM–DD	PENSIONABLE SERVICE (months)	CONTRIBUTORY SERVICE (months)	PENSIONABLE SALARY
		TOTALS	0.00	0	

Employer certification

Provide your contact information, sign and date the form.
By signing this application, I certify that I am an authorized representative of the employer indicated above, and that the information completed above is true, complete and correct to the best of my knowledge.

NAME *(print name)*	EMAIL

ADDRESS *(include unit number if applicable)*	CITY	PROVINCE	POSTAL CODE

PHONE NUMBER	SIGNATURE	DATE SIGNED YYYY–MM–DD

Clear form