

EMPLOYEE MEMBERSHIP APPLICATION

INSTRUCTIONS (FOR ALL PROVINCES)

- To be completed by the **employer** and **eligible employee** (see eligibility requirements on reverse) for employee membership in the CSS Pension Plan.
- Please ensure the application is signed by an official of the employer organization and the employee.
- Return the completed application to the mailing address or fax number above before the employee's first contribution is remitted. **Once contributions start, they must continue until employment terminates.**

SECTION A: EMPLOYEE INFORMATION

Social Insurance Number: <input type="text"/>	Last name: <input type="text"/>	Legal first name and initial: <input type="text"/>
Date of birth: (dd/mm/yyyy) <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	I work from home: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT INFORMATION

Mailing address: <i>Apt/Unit number</i>	<i>Street or PO Box number</i>	
<i>City/Town</i>	<i>Province</i>	<i>Postal code</i>
Phone: <i>Work</i> () ()	<i>Home</i> () ()	<i>Cell</i> () ()
Email address: <i>Work</i> <input type="checkbox"/> Add this address to our email list	<i>Home</i> <input type="checkbox"/> Add this address to our email list	

By checking one or both of the boxes above and providing your email address, you are giving the CSS Pension Plan permission to email you information about our programs and services. You can unsubscribe from our email list at any time by selecting the "unsubscribe from this list" link at the bottom of each email. Please read our Privacy Policy (available on www.csspen.com) for more information about how we collect and use your personal information.

LIST PREVIOUS CO-OPERATIVE AND/OR CREDIT UNION EMPLOYMENT (IF APPLICABLE):

From: (mm/yy)	To: (mm/yy)	Name of co-operative or credit union:	City/Town:

SECTION B: EMPLOYER INFORMATION

NAME OF EMPLOYER (ORGANIZATION): <input type="text"/>	EMPLOYEE'S PROVINCE OF EMPLOYMENT: <input type="text"/>	
DATE PRESENT EMPLOYMENT BEGAN: Part-time: <input type="text"/> <i>(dd/mm/yyyy)</i>	Full-time: <input type="text"/> <i>(dd/mm/yyyy)</i>	CONTRIBUTIONS WILL COMMENCE FOR PAY PERIOD BEGINNING: <input type="text"/> <i>(dd/mm/yyyy)</i>

SECTION C: AUTHORIZATION

I hereby apply for membership in the CSS Pension Plan. I understand that required contributions will be deducted from my salary, matched by my employer and remitted to my pension account. I acknowledge that my employer will provide my Social Insurance Number to the Plan to be used as necessary for the proper administration of my pension benefits. I understand that all funds in my pension account will be invested in the Plan's Balanced Fund, unless I instruct the Plan otherwise by submitting an Investment Instructions form. Subject to the terms of the Plan's Privacy Policy, I hereby consent to the collection, use, retention and disclosure of my personal information as required to administer my pension benefits. I acknowledge that my pension benefits will be subject to applicable pension legislation, the Plan's *Bylaws, Rules and Regulations* and the *Income Tax Act*.

Employee signature <input type="text"/>	Official of employer signature <input type="text"/>
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ELIGIBILITY REQUIREMENTS FOR MEMBERSHIP IN THE CSS PENSION PLAN

Full-time employees

Full-time employees must join the CSS Pension Plan after completing a waiting period, which cannot exceed two years of service.

Part-time employees

If an eligible part-time employee who has the option to join the CSS Pension Plan elects not to become a member, he or she would complete and sign the Part-time Employee Acknowledgement of Eligibility form (available on our website). The employer should keep the completed form in the employee's file as proof that membership in the CSS Pension Plan was offered, as required by pension legislation. If the employee decides to join the Plan at a later date, he or she may have to re-qualify for Plan membership by meeting the part-time minimum membership requirements set out by the applicable pension legislation. Once contributions start, they must continue until employment terminates.

MINIMUM MEMBERSHIP REQUIREMENTS UNDER PENSION LEGISLATION

Alberta

Part-time employees who earn 35% or more of the CPP YMPE in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.

British Columbia

Part-time employees who earn 35% or more of the CPP YMPE in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.

Manitoba

Part-time employees (excluding students) who earn 35% or more of the CPP YMPE (or worked 700 hours or more) in **each of two** consecutive calendar years, **must** join the Plan after completing a waiting period, which cannot exceed two years of service.

Part-time employees (including students) regardless of earnings, must be given the opportunity to **voluntarily** join the Plan after completing a waiting period, which cannot exceed two years of service.

Northwest Territories, Nunavut, Yukon and other federally regulated employees

Part-time employees who earn 35% or more of the CPP YMPE in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.

Nova Scotia

Part-time employees who earn 35% or more of the CPP YMPE (or worked 700 hours or more) in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.

New Brunswick

Part-time employees who earn 35% or more of the CPP YMPE in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.

Ontario

Part-time employees who earn 35% or more of the CPP YMPE (or worked 700 hours or more) in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.

Saskatchewan

Part-time employees who earn 35% or more of the CPP YMPE (or worked 700 hours or more) in **each of the two** most recent consecutive calendar years **may voluntarily** join the Plan.