

## MISSED CONTRIBUTION OR EMPLOYMENT STATUS CHANGE

**To be completed by the employer.**

- Please use this form to indicate the reason for a member's missed contribution(s) during the pay period, or to notify the CSS Pension Plan of a member's change in employment status.
- Check one of the applicable boxes and complete the appropriate section below, then sign and fax the completed form to CSS Pension Plan.

CHECK ONE:  Missed contribution(s)  Employment status change FAX:

EMPLOYER:  EMPLOYER #:

MEMBER NAME:  CSS MEMBER ID#: **OR** SOCIAL INSURANCE NUMBER:

**1. LEAVE**

START DATE OF LEAVE:  dd/mm/yyyy EXPECTED DATE OF RETURN:  dd/mm/yyyy

SELECT LEAVE TYPE:  Parental  Maternity  Sick  Workers' Comp  Disability  
 Lay off  Seasonal  Leave of absence  Extended vacation  Education leave

*Note: This form is only required at the start of the leave, not each pay period.*

**2. OTHER**

CRA maximum dollar limit reached  Part-time (no contributions this pay period)  
 Casual (no contributions this pay period)  Other   
(please specify)

**3. TERMINATED/RETIRED/TRANSFERRED TO OTHER CO-OP OR CREDIT UNION**

DO NOT COMPLETE THIS FORM. PLEASE COMPLETE AN **EMPLOYEE TERMINATION NOTICE (ETN)** INSTEAD.

[Download ETN](#)

Employer representative's name  Representative's phone number  Date   
dd/mm/yyyy

**NOTE:**  
 This form does not need to be returned if you are sending an Employee Termination Notice.