



SHEPP

SASKATCHEWAN HEALTHCARE
EMPLOYEES' PENSION PLAN

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Leave of Absence Purchase Member Notification

FOR OFFICE USE ONLY: 007

CASE ID: _____

Original Amended

1 Personal Information

Member Information

Name _____ First Name _____ Middle Name _____ Last Name _____ Member ID # _____
Date of Birth _____ (dd/mm/yyyy)

2 Leave of Absence Details

Employer Number _____ Employer Name _____

Type of Leave: Maternity Paternity Adoption Personal Education
 Disability Layoff Layoff with Recall WCB Other _____

Employee Type: Full-Time Part-Time Casual Current Hourly Rate of Pay _____

Date Leave Starts _____ (dd/mm/yyyy) Date Leave Ends _____ (dd/mm/yyyy)

Comments

Deferred Salary Leave Taken: Yes No

Deferred Salary Leave Start _____ (dd/mm/yyyy) Deferred Salary Leave End _____ (dd/mm/yyyy)

3 Authorisation

Employer Authorisation

Contact Name _____ Title _____

Phone _____ (###)###-#### Fax _____ (###)###-#### E-mail _____

_____ Date _____ (dd/mm/yyyy)

Contact Signature

Member Authorisation

The Plan provides you the option to purchase the leave of absence period on a current service basis, which requires that you make both the member and employer required contributions during your leave. If you choose to purchase the leave of absence period on a current service basis, you will continue to accrue credited service and earnings will be attributed to you for each month that you remit the required contributions. For an instant estimate on the cost to purchase a leave of absence on a current service basis, log in to SHEPP *Web* and use the Current Service Purchase Calculator listed in the Tools section.

- I do not wish to purchase this leave of absence period on a current service basis; or
- I request a cost calculation to determine if I wish to purchase this leave of absence period on a current service basis.

You must complete and return this form to SHEPP prior to the leave of absence begin date. If SHEPP does not receive this completed form, SHEPP will assume that you have elected not to purchase the above stated leave of absence period on a current service basis.

_____ Date _____ (dd/mm/yyyy)

Member Signature

Instructions: Submit this form to SHEPP Keep a copy for your files