PSPP Disability Plan Pension Contribution Form

Employer Name	Date
Employee Name	Member ID
If you are receiving disability plan benefits, you are expected to continue contributing to the Plan and Pensionable service is the period during which cor your pension benefit.	
You are responsible for submitting your contribution benefits. When your employer receives your payme You will earn pensionable service for the period for	ent, they will match and remit contributions to the Plan.
Complete this form and return it to your employer.	
I acknowledge that I am continuing to participate in PS member contributions are expected. My contributions immediately before the start of receiving disability plar reductions) granted to my occupational class during the	are based on 100% of the period earnings I was receiving n benefits, plus any increases (or minus any earnings
and I will not earn pensionable service. If this happens,	iterest, for the disability plan service through a <i>Buyback</i>
Should I choose to repay member contributions related	d to this service, I understand:
The employer is only liable to match and remit corcontribute.	ntributions for the portion of service towards which I
I am responsible for submitting a completed <i>Contr</i> buyback process prior to retirement, upon return the Plan.	ributions Based Cost Application Form to initiate the to work, or within 30 days of terminating participation from
If I am retiring, outstanding buyback payments nee	ed to be paid prior to my pension start date.
If the service is not paid in full, it will be prorated to	o reflect the payments that I have made.
Employee Acknowledgement	
Name of Individual (printed)	Date

Signature of Individual