

Leaves of Absence without Pay

For more than one month

Public Service Pension Plan (PSPP)

■ Member Information *(to be completed by Employer)*

Complete as required and forward this form to the Member to complete **before the leave starts**. After Member completes form, give the member a copy and return the original to OPB **before the leave starts**.

Last name	OPB client number
First name	Initials
Contact telephone number	

■ Type of Leave *(to be completed by Employer)*

For Pregnancy, Parental, Adoption, or Family Medical Leaves:

OPB must receive this form before the leave starts, regardless of whether or not the member wants to contribute. If this form is not received before the leave starts, the **member will be required to contribute** during the leave.

<input type="checkbox"/> Pregnancy / Parental / Adoption	<input type="checkbox"/> Family ESA Leave	Period of Leave from (yyyy/mm/dd)
<input type="checkbox"/> Special or Educational	<input type="checkbox"/> Other	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Illness / WSIB		Return to work date (yyyy/mm/dd)
Employer		<input style="width: 100%;" type="text"/>

If you are taking more than one type of leave or extending a leave,
complete a separate form for each period.

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used only to administer pension benefits. For more information, or if you have any questions, contact Client Services or our Privacy Officer at:

Phone: 416-364-5035 or **toll-free** (Canada & USA) 1-800-668-6203 / **Fax:** 416-364-7578 / **www.opb.ca**



■ **Employer** (*please complete*)

Employer Official should be someone in a Human Resources/Payroll role.

Employer Official name (please print)

Employer Official telephone number

Complete if applicable:

Will contributions be paid from Supplementary Unemployment Benefits (SUB) Allowance? YES NO

If YES, period of leave to be paid from SUB Allowance:

Period from (yyyy/mm/dd)

Period to (yyyy/mm/dd)

Employer Official signature

Date (yyyy/mm/dd)

■ **Member contribution during Leave of Absence** (*sign and date*)

IMPORTANT! Sign and date the form, and **return** it to your employer before the leave starts. If you are taking more than one type of leave or extending a leave, complete a separate form for each period.

PLEASE NOTE: If you have an ongoing Buyback through Payroll Deduction, please contact us to discuss your options.

OPB will send you a no obligation cost quote to help you decide whether or not to contribute to the PSPP for your leave without pay period. This quote will include information about the benefits of contributing while on leave, as well as any options to buyback the leave upon your return to employment.

Member signature

Date (yyyy/mm/dd)