

Use this form to apply for service that may be eligible for buyback using a contributions-based costing. Section I is to be completed by the member. Sections II, III and IV are to be completed by the current employer. The **completed** form should be sent to LAPP c/o Alberta Pensions Services Corporation (APS), 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9. Fax: 780-421-1652.
APS will return any incomplete applications to the employer.

Section I) member information and authorization (completed by the member)

I am a member of the Local Authorities Pension Plan (LAPP) and I authorize my employer to supply service and salary information to APS so that the cost of my buyback service can be calculated. If I do not qualify for a contributions-based costing, I authorize the use of information on this form to calculate the actuarial reserve cost of the service (which is based on the cost of providing a future benefit).

_____ member first name _____ member last name _____ member social insurance number

_____ member signature _____ date signed

Section II) pensionable service/salary information (completed by the current employer)

_____ employer name

2				
plan	employer number			

service year	FT/PT ¹	service from date (DD/MM/YYYY)	service to date (DD/MM/YYYY)	length of pensionable service ²	historical pensionable salary ³ (provided for each year after 1989)	reason code ⁴
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Explanation of table headings:
¹ FT = full-time; PT = anything other than full-time
² pensionable service expressed to 4 decimal places for each service period
³ pensionable salary for the length of the service

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service total this page

⁴ Reason codes:
 3A leaves without salary
 3M parental leaves without salary
 4A probationary period
 CS mandatory deficiency

(Continued on reverse side)

Section III) salary (completed by the current employer)

Member's current employment status (check one): Full-time Part-time

1. Full-time:
Current full-time annual pensionable salary: \$ _____
2. Part-time: (see the example ➔)
 - a) Pensionable salary to current date: \$ _____
 - b) Credited service to current date: _____
 - c) Annualized* pensionable salary (a ÷ b = c) \$ _____
3. Verified date of birth (dd/mm/yyyy) _____

Example of how to calculate the annualized* pensionable salary:

a) Pensionable salary to current date: \$35,000.00
 b) Credited service to current date: 0.4823 yr
 c) $\$35,000.00 \div 0.4823 =$ \$72,568.94*

* Adjusted or calculated so as to reflect a rate that is based on a full year.

Section IV) employer authorization (completed by the current employer)

I confirm that the information in Sections II and III is accurate and calculated according to pension plan rules.

 employer name

|_|_|_| - |_|_|_| - |_|_|_|_|_|
 area code and phone number

 signature of authorized person

 printed name of authorized person

 date signed (YYYY/MM/DD)

Once completed, please make a copy for your records and forward the completed form to APS at the address shown on the first page of this form, or fax it to 780-421-1652.

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|-------------------------------|---|
| Employer number | Enter employer number. |
| FT/PT | Enter FT or PT to indicate the employment status for the period of service. PT means anything other than full-time. |
| Service from date | Enter the start date of the service for that year, in format dd/mm/yyyy. |
| Service to date | Enter the end date of the service for that year, in format dd/mm/yyyy. |
| Length of pensionable service | Enter the length of eligible pensionable service for the year, expressed as a decimal to four places, not exceeding 1.0000. |
| Historical pensionable salary | Report the employee's pensionable salary (refer to the Administration/Pensionable Salary section in <i>Pension e-guide</i> for types of pay that are eligible). If the year is after 1991, report the full uncapped pensionable salary even though it may exceed the salary cap for the year. |
| Reason code | Check appropriate reason code as indicated in <i>Pension e-guide</i> . |
| Service total this page | Enter the total length of service reported on the page. |