

**PEI CIVIL SERVICE SUPERANNUATION FUND (CSSF)  
REQUEST TO PURCHASE SERVICE**

Please complete this form to request the cost to purchase a period service under the Civil Service Superannuation Act (CSSA).

**MEMBER NAME**

**MEMBER MAILING ADDRESS**

**CITY** **PE**

**POSTAL CODE**

**SIN**

**EMPLOYEE ID**

**DATE OF BIRTH**

**TELEPHONE NUMBER**

**E-MAIL ADDRESS**

√	TYPE OF SERVICE	START DATE	END DATE	EMPLOYER
	PRIOR CASUAL/PROBATIONARY SERVICE			
	MATERNITY/PARENTAL/ADOPTION LEAVE			
	BUYBACK OF REFUNDED SERVICE			
	PART-TIME Residual Service			
	UPP Residual Service			
	TRANSFER SHORTFALL			

**PLEASE NOTE**

- This request does not commit you to purchasing the service; however, only the period(s) outlined above will be assessed for eligibility and a cost calculated.
- The cost will be calculated as at the date this signed form is received by the Pensions & Benefits office.
- Requests with more than one type and/or period of service selected above will be processed one at a time. When a response or payment is received on one cost, the next cost will be communicated.
- The cost to purchase the period(s) of service will be sent via mail to your home mailing address as provided above.

**RETURN THIS FORM TO PENSIONS & BENEFITS at**

**[cssf@gov.pe.ca](mailto:cssf@gov.pe.ca) OR fax (902) 620-3096 OR mail to P.O. Box 2000, Charlottetown, PE C1A 7N8**

**MEMBER SIGNATURE**

**DATE**