

**PEI TEACHERS' SUPERANNUATION FUND (TSF)
REQUEST TO PURCHASE A PERIOD OF SERVICE**

Please complete this form to request the cost to purchase a period of service under the Teachers' Superannuation Act (TSA).

MEMBER NAME

DATE OF BIRTH

MEMBER MAILING ADDRESS

CITY

PE POSTAL CODE

TELEPHONE NUMBER

EMPLOYEE ID

E-MAIL ADDRESS

SIN

TYPES OF ELIGIBLE SERVICE

START AND END DATES (Period of Service)

- | | | |
|--|---------|---------|
| <input type="checkbox"/> EMPLOYER APPROVED UNPAID LEAVE | S _____ | E _____ |
| <input type="checkbox"/> MATERNITY/PARENTAL/ADOPTION LEAVE | S _____ | E _____ |
| <input type="checkbox"/> BUYBACK OF REFUNDED SERVICE | S _____ | E _____ |
| <input type="checkbox"/> SABBATICAL LEAVE | S _____ | E _____ |
| <input type="checkbox"/> TRANSFER SHORTFALL | | |

EMPLOYER DURING THE ABOVE PERIOD(S) OF SERVICE _____

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 eligible service will be sent to your home mailing address as provided above.

RETURN THIS FORM TO PENSIONS & BENEFITS at

tsf@gov.pe.ca, fax (902) 620-3096, or by mail to P.O. Box 2000, Charlottetown, PE C1A 7N8

MEMBER SIGNATURE

DATE