

EMPLOYEE ACKNOWLEDGEMENT OF ELIGIBILITY TO PARTICIPATE IN THE CSS PENSION PLAN

Instructions

- ▶ To be completed by the employer and eligible employee only if the employee declines enrollment in the CSS Pension Plan (the "Plan") when the participation in the Plan is optional. This may include:
 - ▶ Full-time employees **may** join the Plan at one year of employment.
 - ▶ Full-time employees **must** join the Plan at two years of employment.
 - ▶ Less-than-full-time employees asked to join the Plan after reaching 35% of the YMPE in the two immediately preceding calendar years.
- ▶ The employer should keep the completed form in the employee's file as proof that membership in the CSS Pension Plan was offered, as required by pension legislation, but the employee declined enrollment.

Section A: Acknowledgement

I _____, acknowledge that my employer _____ has informed me that I am eligible to participate in the Co-operative Superannuation Society Pension Plan, in accordance with the provisions of the provincial pension benefits legislation (please check the applicable boxes):

- Alberta, BC, New Brunswick and Federal (includes Northwest Territories, Nunavut and Yukon)**
- I am a full-time employee who **may** join the Plan at **one** year of employment.
 - I am a full-time employee who **must** join the Plan at **two** years of employment.
 - I am a less-than-full-time employee who earns 35% or more of the CPP YMPE in **each of the two** most recent consecutive calendar years and given the opportunity to **voluntarily** join the Plan.

- Manitoba**
- I am a full-time employee who **may** join the Plan at **one** year of employment.
 - I am a full-time employee who **must** join the Plan at **two** years of employment.
 - I am a less-than-full-time employee (including students) **regardless of earnings**, was given the opportunity to **voluntarily** join the Plan after completing a waiting period, which cannot exceed two years of service.

- Nova Scotia, Ontario and Saskatchewan**
- I am a full-time employee who **may** join the Plan at **one** year of employment.
 - I am a full-time employee who **must** join the Plan at **two** years of employment.
 - I am a less-than-full-time employee who earns 35% or more of the CPP YMPE (or worked 700 hours or more) in **each of the two** most recent consecutive calendar years and given the opportunity to **voluntarily** join the Plan.

I have elected **not to become a member** of the Pension Plan at this time. I also understand that, if I elect not to join the CSS Pension Plan at this time, my future participation will depend on me meeting the minimum membership requirements set out by the applicable pension legislation below, unless a shorter period is otherwise specified by the employer.

Signature of employee:

Signature of employer:

Date: