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MISSED CONTRIBUTION OR EMPLOYMENT STATUS CHANGE OR NEW SIN

 To be completed by the employer. Once you learn that an employee will be taking a leave, has reached CRA maximum dollar limit, has a new SIN #, or employment status has changed please complete this form by selecting applicable boxes. 	
Check one: Missed contribution(s) Employment s	tatus change New SIN number
Employer:	
Employee name: Soc	ial Insurance Number:
Section A: Leave	
	pected date return: (dd/mmm/yyyy)
Select leave type: Parental Maternity Sick	Workers' Comp Disability
Lay off Leave of absence	Extended vacation Education leave
Note: This form is only required at the start of the leave, not each pay period.	
Section B: Other	
CRA maximum dollar limit	Less than full-time (part-time, casual, seasonal)
Other	
(please specify) Section C: New SIN	
Section C: New SIN	
Old SIN New SIN	
Section D: Terminated/retired/transferred to other CO-OP or credit union	
Do not complete this form, please complete an Employee Termination Notice (ETN) instead. Download ETN	
NOTE: Please send completed form to CSS Pension Plan by fax or upload PDF through myCSSPEN for employers online portal.	
Employer representative's name Representative	tative's phone Date
	(dd/mmm/aaaa)

Privacy notice: Personal information on this form is collected under the authority of relevant privacy legislation for pension administration purposes. Please review the Privacy Policy as posted to the CSS Pension Plan's website. If you have questions regarding the collection of this information, write to:

CSS Pension Plan ATTN: Privacy Officer 5th Floor – 333 3rd Avenue N PO Box 1850 Saskatoon, SK S7K 3S2