



**ELECTION TO CONTRIBUTE TO THE
MULTI-SECTOR PENSION PLAN
DURING A LEAVE OF ABSENCE**

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FUND OFFICE

I, _____, hereby elect the following option:
(Print Full Name)

Check one (✓):

- () **Option 1** - to continue to contribute to the Multi-Sector Pension Plan during the period in which I am on a Leave of absence up to a maximum of the (1) year provided I have worked in covered employment in the Plan year for which I wish to make self-payments.
- () **Option 2** - not to contribute to the Multi-Sector Pension Plan during the period in which I am on a Leave of Absence.

I understand that I will not accrue further pension benefits during the period while I am on a Leave of Absence.

Signed in _____, this _____ day of _____, 2_____.
(City/Town)

Signature of Participant

Social Insurance Number

Telephone Number

PLEASE NOTE: If this election form is not returned, it will be assumed that Option 2 has been chosen and that you will not be making contributions to the Pension Plan Retroactive contributions will not be permitted.