

Application to Purchase Eligible Temporary Part-Time Service that ended before April 1, 2024

Workplace Safety and Insurance Board Employees' Pension Plan

Complete this form if you have returned to full-time employment immediately following a period of eligible temporary part-time service and are interested in purchasing the pensionable service that a full-time equivalent employee would have accrued during your eligible temporary part-time service. For more information on eligibility for this purchase, visit www.wisetrust.ca.

Member Instructions

Please complete page 1 of this form and then submit to the employer with whom you had eligible temporary part-time service. The employer will forward it to WISE Trust along with the other required information. Refer to page 4 of this application for a list of participating employers and their contact details.

Member Information

Last Name

First Name

Apt. number

Street Address

City

Province

Postal Code

Email

Telephone number

Period of Service

I am applying to purchase pensionable service for the following period of eligible temporary part-time service:

Period of Service from (YYYY-MM-DD)

Period of Service to (YYYY-MM-DD)

Date of Return to Full-Time Employment (YYYY-MM-DD)

If exact dates are unknown, enter approximate dates

Employer Instructions

Please complete this page and forward the entire Application form via email to WTW/WISE Trust.

Temporary period of part-time employment

Date of hire (YYYY-MM-DD)

Start Date of Part-Time Employment [YYYY-MM-DD]	End Date of Part-Time Employment [YYYY-MM-DD]	Part-Time Percentage Worked	Salary Rate during Part-Time Employment	Full-Time Equivalent Salary Rate	Date of Return to Full-Time Employment [YYYY-MM-DD]

Additional Notes

Employer certification

I certify the following:

- The member switched from working on a full-time basis to a part-time basis and received less remuneration than when they were working full-time as outlined below.
- The work arrangement was temporary, and the member returned to full-time employment immediately afterward as outlined above.

Employer Name

Employer Representative

Position Title

Employer Representative Signature

Date Signed (YYYY-MM-DD)

Telephone Number



EMPLOYER CONTACTS

Workplace Safety North (WSN)
690 McKeown Avenue
North Bay, ON P1B 9P1
Attention: Megan Johnson, Director Human Resources

Workplace Safety & Insurance Board (WSIB)
200 Front Street West
Toronto, ON M5V 3J1
Attention: Sandra Johnson, Manager Pension Plans

Workplace Safety & Prevention Services (WSPS)
5110 Creekbank Road
Suite 100
Mississauga, ON L4W 0A1
Attention: Human Resources - Nandani Prashad

WISE Trust
PO Box #10069 - 9620 McCowan Road
Markham, ON L3P 0B7
Attention: Human Resources

Public Services Health & Safety Association (PSHSA)
4950 Yonge Street
18th floor, Suite 1800
North York, ON M2N 6K1
Attention: Human Resources

Infrastructure Health & Safety Association (IHSA)
21 Voyager Court South
Etobicoke, ON M9W 5M7
Attention: Human Resources