

DEFERRED SALARY LEAVE PROGRAM APPLICATION

INSTRUCTIONS:

- This form is used to apply for the Deferred Salary Leave Program.
- Please select a payroll deduction start date of at least **60 calendar days** in the future to allow for your application to be processed.
- For further information, contact the Benefits Service Centre toll-free at 1 877 277-0772.
- Information is also available on these Internets:
www.bcpublicservice.ca/benefits, www.icbcweb, and www.homeweb.bchmc.bc.ca

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA*. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

PLEASE TYPE OR PRINT CLEARLY
PART A – EMPLOYEE INFORMATION

EMPLOYEE LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL INSURANCE NO.
EMPLOYEE HOME ADDRESS – <i>Include PO Box No.</i>				CITY	PROVINCE POSTAL CODE
MINISTRY / EMPLOYER NAME			DEPARTMENT ID	EMPLOYEE ID	UNION CODE
PAYROLL DEDUCTION START DATE REQUESTED YYYY / MM / DD	LEAVE OF ABSENCE START DATE YYYY / MM / DD	LENGTH OF LEAVE OF ABSENCE - 6 to 12 full calendar months	BI - WEEKLY DEFERRED AMOUNT You may defer a minimum of 10 percent to a maximum of 33 1/3% of your gross bi-weekly salary		%

PART B – INVESTMENT OPTIONS – Please indicate how you wish to invest your funds

<input type="checkbox"/> I wish to invest all of my funds in a Guaranteed Investment Certificate	<input type="checkbox"/> I wish to split my investment of funds as follows: (A plus B must equal 100%)
<input type="checkbox"/> I wish to invest all of my funds in a Savings Account	GUARANTEED INVESTMENT CERTIFICATE A % SAVINGS ACCOUNT B %

BENEFICIARY SURNAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO EMPLOYEE
---------------------	------------	----------------	--------------------------

PART C – EMPLOYEE CERTIFICATION

- I have read the information provided on the DEFERRED SALARY LEAVE PROGRAM and understand and agree to the terms and conditions of this program.
- I authorize my employer to deduct from my salary the amount set out in this application and to deposit these amounts with the trustee to be held, invested, administered and distributed by the trustee in accordance with the Deferred Salary Leave Program and the trust agreement entered into on my behalf by my employer with the trustee. I understand that if monies transferred to my account are inaccurate, the funds can be recovered.
- I agree that my employer is not liable for, and is released from, any and all claims which arise, directly or indirectly, in connection with this program.
- I assume responsibility for the tracking and reconciling of funds deposited to my account.
- I authorize the payout of any/all funds to my named beneficiary in the event of death.

EMPLOYEE SIGNATURE ➤	DATE SIGNED YYYY MM DD
----------------------	---------------------------------

PART D – EMPLOYER CERTIFICATION

DIRECTOR / EQUIVALENT SIGNATURE	DATE SIGNED YYYY MM DD
<input type="checkbox"/> RECOMMEND EMPLOYEE <input type="checkbox"/> DO NOT RECOMMEND EMPLOYEE AT THIS TIME ➤	

APPROVING AUTHORITY SIGNATURE Application is: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED ➤	DATE SIGNED YYYY MM DD
---	---------------------------------

PART E – PAY OFFICE USE ONLY

DEDUCTION CODE DEFSAL	CHIPS EFFECTIVE DATE YYYY MM DD	PAY OFFICE CONTACT NAME – <i>Please type or print clearly</i>	CONTACT PHONE NO. ()
DEDUCTION END DATE YYYY MM DD	COMMENTS/CALCULATIONS		
ENTERED INTO CHIPS BY	DATE ENTERED YYYY MM DD	FORWARD ORIGINAL TO: Group Retirement Services 1101 – 734 7 Avenue SW Calgary, Alberta T2P 3P8 Fax No: 403 531-1477	FORWARD ONE COPY TO: • HUMAN RESOURCES OFFICE • PAY OFFICE