

Teacher Status Advice (Flexible Pension Options)

Part 1 – To be completed by the Teacher

Personal Data

Name of School Board: _____

Name of Teacher: _____

SIN: _____ Professional #: _____

Mailing Address: _____
(including postal code) _____

E-mail Address: _____

Home Telephone: _____

Conditions (please read & sign)

1. Under the Income Tax Act, a teacher must have worked for 36 months prior to the period of reduced service. Under the pension plan rules, the teacher must have pensionable service in the immediately preceding school year. This year is used as the “base” year to determine the pension accrual for the period of reduced service.
2. Under subsection 4(5) of the Teachers’ Pension Plan Regulations, a teacher cannot receive credit for pensionable service in the Teachers’ Pension Plan if he or she receives credit for pensionable service for the same period under another registered pension plan, i.e. the teacher cannot receive credit in two different pension plans for the same period of service. This is prohibited by the Income Tax Act.
3. You are not eligible to participate in this program if receiving Salary Continuation benefits.

Date

X

Signature of Teacher

PLEASE SEE PAGE 2



Part 2 – To be completed by School Board or Payroll Division

Details & School Board Authorization (Please complete & sign)

<input type="text"/>	TC License Level	<input type="text"/>	Salary Scale Position/Level
<input type="text"/>	Admin. Salary (Y/N)	\$ <input type="text"/>	Admin. Salary Amount

	Last Year	Year 1	Year 2
School year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary	\$ <input type="text"/>	* \$ <input type="text"/>	* \$ <input type="text"/>

* Projection for Year 1 and Year 2 based on teacher’s salary (licence level/position) and percentage of year worked last year, thus show future salaries at the amount they would be receiving, if they were working their usual % of time during the upcoming leave/reduced employment period.

% worked	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
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(actual for all years)

_____	X	_____
Name & title of School Board Official (Please Print)		Signature of School Board Official

Date

Instructions for School Board

Return this form to the **Nova Scotia Pension Services Corporation.**

Mailing address: PO Box 371, Halifax NS B3J 2P8 Fax: 902-424-0662	Street Address: Suite 400, 4 th Floor, Purdy’s Landing, 1949 Upper Water St, Halifax NS B3J 3N3
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