

## Nova Scotia Teachers' Pension Plan Purchase of Service Acknowledgement Form

Nova Scotia Pension Services Corporation is in receipt of your request to purchase prior service for pension purposes. Please read the instructions, complete and return this form to us. We will then provide a cost to you to purchase service.

**PLEASE NOTE: An adjustment may be required at the end of each school year.**

### Instructions

- Section 1:** Please verify that your personal information is correct (write corrections on this form).
- Section 2:** (A) Choose leave type – make a checkmark ✓ in the box(es) that apply to you;  
 (B) Provide the approximate dates of your leave;  
 (C) Provide the documentation required.
- Section 3:** (D) Select a payment plan – indicate with a checkmark ✓  
 (E) Select a method of payment – indicate with a checkmark ✓  
 (F) Sign and date.

### Section 1 – Personal Identification

SURNAME	GIVEN NAME(S)	PROFESSIONAL NUMBER
MAILING ADDRESS line 1	PHONE NUMBER	SOCIAL INSURANCE NUMBER
MAILING ADDRESS line 2	CITY/TOWN	PROVINCE
		POSTAL CODE

### Section 2 – Select ✓ type of leave(s), indicate approximate dates of leave(s) and provide the required documentation.

(A) Type of Leave	(B) Approximate Dates of Leave	(C) Documentation Required
<input type="checkbox"/> Maternity	From: _____ To: _____	Child's birth certificate
<input type="checkbox"/> Adoption	From: _____ To: _____	Adoption certificate
<input type="checkbox"/> Parental	From: _____ To: _____	Child's birth certificate
<input type="checkbox"/> Study leave	From: _____ To: _____	Transcript of marks
<input type="checkbox"/> Course of study	From: _____ To: _____	Transcript of marks
<input type="checkbox"/> Unpaid sick leave	From: _____ To: _____	Doctor's certificate
<input type="checkbox"/> Layoff	From: _____ To: _____	Verification letter from employer
<input type="checkbox"/> Approved leave	From: _____ To: _____	Verification letter from employer



**Section 3 - Options for payment**

**(D) Payment Plan**

Choose a payment plan – indicate with a checkmark ✓

- Semi-annual payments
- Lump Sum Payment – This payment must be made within 12 months of you returning to work.
- Actuarial Based Method – This payment is made after 12 months of you returning to work.

**(E) Method of Payment**

Choose a method of payment – indicate with a checkmark ✓

- Personal Cheque
- Transfer from RRSP

**(F) Sign and Date**

X \_\_\_\_\_  
 Signature Date

**Instructions to School Board – Please complete the following:**

1. Authorized period of leave \_\_\_\_\_ to \_\_\_\_\_  
 DATE DATE

2. Last day paid \_\_\_\_\_  
 DATE

3. TC Level \_\_\_\_\_ Step \_\_\_\_\_ Admin  Yes  No

4. Salary \_\_\_\_\_ Admin \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_  
 NAME OF SCHOOL BOARD OFFICIAL SIGNATURE DATE  
 (PLEASE PRINT)

**Return this form with the required documentation to:  
 Nova Scotia Pension Services Corporation at the  
 address on this letterhead.**

