

Application for confirmation of eligibility for phased departure (progressive retirement)

Part A – General conditions

- Phased departure is available **only** to members of the following retirement plans:
 - the Government and Public Employees Retirement Plan (RREGOP);
 - the Pension Plan of Management Personnel (PPMP);
 - the Teachers Pension Plan (TPP); or
 - the Civil Service Superannuation Plan (CSSP).
- Only regular full-time or part-time employees are eligible for phased departure. Casual or seasonal workers are not eligible.**
- The decision on phased departure must form part of an agreement with the employer.
- The agreement must last at least 12 months and not exceed 60.
- On the date the agreement ends, the member must be eligible for a retirement pension, with or without reduction.
- While the agreement is effective, the work schedule may vary but in no case must it be lower than 40% of the regular schedule of an equivalent full-time position.
- The amount of the member's contribution to his pension plan is based on the pensionable salary he would have received if he had not taken part in the program.
- For the time of the agreement, the member is credited with the same full-time or part-time service as he was earning before his phased departure began.
- The member must retire when the agreement expires.
- The member may take part in the phased departure program only once, unless the agreement is cancelled for one of the reasons provided under the regulations governing RREGOP, the PPMP, the TPP and the CSSP. In such case, the member may once again take part in the program since his phased departure agreement is considered as never having existed as a result of its cancellation.

**THIS APPLICATION MUST NOT BE SENT TO CARRA MORE THAN FIVE MONTHS
BEFORE THE AGREEMENT IS EFFECTIVE.**

Part B – Member information

1. Identification of member

Last name			Social insurance number		
First name	Date of birth year month day	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Language of correspondence English <input type="checkbox"/> French <input type="checkbox"/>		
Name as it appears on the birth certificate (if different)			Telephone (home) (area code)		
Address (number, street, apartment, P.O. Box, rural route)		Telephone (office) (area code)	Extension		
City or town		Province	Postal code		

2. Signature of member

I hereby authorize CARRA to provide the employer identified in part C all the information related to this application.

Signature

Date

year	month	day
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Failure to provide the information requested on this form can prevent the processing of your application. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q. c. A-2.1), the information will be disclosed only to authorized agents. The Act allows you to examine your personal information and ask for corrections.

Part C – Employer information (to be completed by employer)

1. Identification of employer					
Name of employer			Employer number		Department
Address (number, street, apartment, P.O. Box, rural route)				Telephone (area code)	
City or town		Province	Postal code		Employee number
2. Administrative information					
First day of agreement year month day		Last day of agreement year month day		Average percentage of time worked during agreement <input type="text"/> %	
Important: Please refer to the <i>Guide de la déclaration annuelle de l'employeur</i> to fill out this section.		For the current year: _____, (from January 1 to the day before the beginning of the agreement)		For the preceding year: _____, (from January 1 to December 31)	
Annual basis of pay:		200 days <input type="checkbox"/> 260 days <input type="checkbox"/>		200 days <input type="checkbox"/> 260 days <input type="checkbox"/>	
Total number of unpaid days of absence (including non-contributory disability days):		<input type="text"/> days		<input type="text"/> days	
Number of non-contributory disability days:		<input type="text"/> days		<input type="text"/> days	
Employee category:		Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/>		Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/>	
For the current year, if you checked "Part-time employee", indicate the percentage of the time worked immediately before the beginning of the agreement:				<input type="text"/> %	
Note: A sabbatical leave with deferred pay (CSTD) must be over before a member may enter into a phased departure agreement. If the member is currently on CSTD, please indicate the date it will end.				Last day of the CSTD year month day	
Full name of the person who has filled out section 2 (except if he is the authorized representative of the employer identified in section 3 below)					
Title or position			Telephone (area code)		Extension
3. Signature of employer's authorized representative					
Last name and first name of authorized representative					
Telephone (area code)		Extension	Fax (area code)		
I hereby certify that the information provided in part C of this form is accurate and complete.					
Signature <input type="text"/>			Date year month day		

In this form, the masculine is taken to include the feminine.

Client services:

418 643-4881 (Québec City area)
1 800 463-5533 (elsewhere in Québec)

Please send this form to:

**Commission administrative des régimes
de retraite et d'assurances**
475, rue Saint-Amable
Québec (Québec) G1R 5X3