

This form must be completed when a pensioner of the Pension Plan of Management Personnel (PPMP) or the Pension Plan of Peace Officers in Correctional Services (PPPOCS) returns to work as a casual or a regular employee in a job covered by the Government and Public Employees Retirement Plan (RREGOP), the PPMP or the PPPOCS.

## GENERAL INFORMATION

This guide is for information purposes only and does not replace the provisions of the applicable statutes and regulations. We urge you to read it **carefully** as it contains the answers to most of your questions about the return to work of a pensioner of the PPMP or the PPPOCS.

## PENSIONER OF THE PPMP

If you are **under 65 years of age** upon your return to work:

Participation in the PPMP is **automatic**, but you can renounce it.

**If you participate**, your pension, and your pension credit, if any, will be totally suspended.

**If you do not participate**

and **held a job** covered by the Teachers Pension Plan (TPP), the Civil Service Superannuation Plan (CSSP) or RREGOP before January 1, 1983\*, you will receive your full pension until age 65;

and **have not held a job** covered by the TPP, the CSSP or RREGOP before January 1, 1983\*, as of your return to work your pension will be reduced proportionally to the service performed in your job.

\* *For the years before January 1, 1983, if your contributions were refunded or if your participation is the result of a transfer or a buy-back, you are not deemed to have held a covered job.*

### As of 65 years of age:

Participation in the PPMP is **automatic**, but you can renounce it.

**If you participate**, your pension and your pension credit, if any, will be totally suspended.

**If you do not participate**, your pension will be reduced proportionally to the service performed in your job.

### At the end of your employment:

If you participated in the plan, your pension will either be indexed and reactivated or recalculated on the basis of the additional service, whichever is the greater.

## Temporary measures

If you benefited from certain rights or advantages granted within the framework of temporary retirement measures **between July 2, 1993 and July 1, 1998**, you have to choose between your salary and those rights or advantages. For more information, we strongly suggest that you contact CARRA.

## **PENSIONER OF THE PPPOCS**

If you are a pensioner of the PPPOCS who has returned to work in a job covered by the PPPOCS, RREGOP or the PPMP, you do not participate in a pension plan and you will receive your full pension and your salary until age 65. At 65 years of age, you will continue to not participate in a plan and your pension and your pension credit, if any, will be totally suspended.

## **REDUCTION AND CLAIM**

Returning to work in a job covered by RREGOP, the PPMP or the PPPOCS usually results in a pension reduction. As soon as CARRA has obtained the required information, either through this form, the employer annual report or by contacting the employer himself, it will totally or partially reduce your pension. Since up to 15 months can elapse between your return to work and that reduction, the overpayment of benefits you received during that period will be claimed and you will be offered terms of payment.

## **GRADUAL RETIREMENT**

At 65 years of age, another measure could be interesting for you: gradual retirement. It allows you to receive both your salary **and** your pension. However, the total cannot be higher than your salary on the day preceding your retirement. Please refer to the "Application for gradual retirement" (121) form and discuss it with your employer.

## **INFORMATION CONCERNING EACH PART OF THE FORM**

### **PART A – EMPLOYEE INFORMATION**

In this part, you are asked to provide information that identifies you. You must also provide various pieces of administrative information and sign section 3.

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 you provided will be disclosed only to authorized agents. The Act allows you to examine your personal information and ask for corrections.

### **PART B – EMPLOYER INFORMATION**

This part must be completed and signed by your employer's authorized representative.

**Part A – Employee information**

<b>1. Identification of employee</b>								
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 French <input type="checkbox"/> English <input type="checkbox"/>				
Last name as it appears on the birth certificate (if it is different)				Telephone (home) Area code				
Address (number, street, apartment, P.O. Box, rural route)			Telephone (work) Area code	Extension				
City or town			Province	Postal code				
<b>2. Administrative information</b>								
<b>Important :</b> Before completing this section, please refer to the enclosed guide or contact your employer.								
- Date of return to work: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">year</td><td style="width: 30px; text-align: center;">month</td><td style="width: 30px; text-align: center;">day</td></tr></table>						year	month	day
year	month	day						
- If you are a PPMP pensioner, you can renounce participation in the plan. Please check the box below if this is your choice. <input type="checkbox"/> I renounce participation in the pension plan.								
- If you are a PPMP pensioner who benefited from a temporary measure for your retirement, you could have to choose between the rights and advantages granted under that measure and your salary. If this is your situation, please indicate your choice: <input type="checkbox"/> I wish to keep the rights and advantages I was granted. <input type="checkbox"/> I wish to receive the salary offered by my employer.								
For more information on that matter you can contact CARRA.								
<b>3. Signature of employee</b>								
I certify that the information given in Part A of this form is complete and accurate.								
Signature				Date year    month    day				

## Part B – Employer information

<b>1. Employer's identification</b>			
Name		Employer number	Department
Address (number, street, apartment, P.O. Box, rural route)		Telephone Area code	
City or town		Province	Postal code
<b>2. Estimate of service that will be performed</b> (It is important to complete this section.)			
Date of return to work:	year	month	day
Date of last day of work, if known:	year	month	day
Percentage of time worked in the period:	_____ %		
OR			
Number of days worked per week:	_____		
Job title:	_____		
<b>3. Signature of the employer's authorized representative</b>			
I certify that the information provided in Part B of this form is complete and accurate.			
Last and first name of authorized representative			Date year      month      day
Telephone Area code	Extension	Fax Area code	Signature of authorized representative

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

Client services:

418 643-4881 (Québec City area)  
1 800 463-5533 (toll free)

**Please return this form to:**

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