

GENERAL INFORMATION

This guide is provided for information purposes only and does not supersede the applicable legislation. We suggest you read it **carefully**, as it contains answers to most questions you may have regarding this application form.

This form is prescribed under section 150 of the *Act respecting the Government and Public Employees Retirement Plan* (R.S.Q., c. R-10). Its use is compulsory for all the pension plans administered by the Commission administrative des régimes de retraite et d'assurances (CARRA), except the Pension Plan of Elected Municipal Officers (PPEMO) and the Pension Plan of the Members of the National Assembly (PPMNA).

However, it cannot be used to apply for the transfer of the value of the benefits accumulated under the plans we administer to a locked-in retirement account (LIRA) or a life income fund (LIF). **For such a transfer**, you must complete the "Application for a retirement pension" (079A) form.

If your application for reimbursement concerns the Government and Public Employees Retirement Plan (RREGOP), the Pension Plan of Management Personnel (PPMP) or the Pension Plan of Peace Officers in Correctional Services (PPPOCS), **we will automatically calculate the benefits to which you are entitled under those plans**. For instance, a person could be entitled to the refund of his contributions to the PPPOCS and to a deferred pension payable at age 65 under RREGOP. The two benefits would be determined at the same time as his refund.

What can be refunded?

You can obtain the refund of the **contributions** you paid into your pension plan, but only at the conditions described below. You may also obtain the refund of the **interest** accrued on your contributions under RREGOP, the PPMP, the Pension Plan for Senior Officials (RPSO), the PPPOCS, the Retirement Plan for Active Members of the Centre hospitalier Côte-des-Neiges (RPCHCN), the Pension Plan for Federal Employees Transferred to Employment with the gouvernement du Québec (PPFEFQ), the Superannuation Plan for the Members of the Sûreté du Québec (SPMSQ), the Pension Plan of the Judges of the Court of Québec and of Certain Municipal Courts (PPJCQM) and the Pension Plan of Certain Teachers (PPCT).

What are the conditions to obtain a refund?

- You must **have ceased to hold a job covered** by one of the plans we administer and **no longer have an employment relationship** with an employer who is covered by those plans. If you hold more than one job, you must have resigned from all of them.
- If you are a casual employee whose name is on a recall list, you must inform your employer that you want your name removed from that list.
- If you were a member of **RREGOP**, the **PPMP**, the **PPCT** or the **PPPOCS**, you must not have had any employment relationship with an employer covered by those plans since at least 210 days following the date of the end of your employment.
- If you were a member of **RREGOP** or the **PPMP**, you had to be under 55 years of age **AND** have less than 2 years of service on the date of the end of your employment.
- If you were a member of the **RPSO**, you had to be under 50 **AND** have less than 2 years of service on the date of the end of your employment.
- If you were a member of the Teachers Pension Plan (**TTP**) or the Civil Service Superannuation Plan (**CSSP**), you had to have less than 10 years of service on the date of the end of your employment.
- If you were a member of the **PPPOCS**, you had to be under 60 years of age **AND** have less than 2 years of service on the date of the end of your employment.
- If you were a member of the **PPCT**, you had to be under 45 years of age **OR** have less than 10 years of service on the date of the end of your employment.
- If you were a member of the **PPJCQM**, you had to have less than 2 years of service when you left office, not be eligible for an immediate or a deferred pension and have not transferred your years of service to another pension plan.
- If you were a member of the **SPMSQ**, when you quit your job, you had to meet one of these three sets of requirements:
 - to be under 60 **AND** have less than 2 years of service; **OR**
 - to be under 60 **AND** have at least 2 but less than 10 years of service and not have chosen a deferred pension; **OR**
 - to be under 45 **AND** have at least 10 but less than 20 years of service and not have chosen a deferred pension.

GENERAL INFORMATION (cont.)

What if your membership in RREGOP ceased before January 1, 1991 or your membership in the PPPOCS ceased before January 1, 2003?

You could be eligible for a refund of your contributions under the conditions in force at the time. Simply contact us and we will inform you of your rights.

What if you had more than one employer during the last two years?

You must complete an application for reimbursement form for each employer with whom you had an employment relationship during part of or the whole last two years.

INFORMATION ON EACH PART OF THE APPLICATION FORM

Part A - Information on active or non-active member

You must provide information that identifies you as an active member, or person who participates in the plan, or as a non-active member, or person who no longer participates in the plan because he no longer holds a position with an employer covered by the plan.

Part B - Information on object of application

1. Name of the pension plan

You must enter the name of the pension plan concerned by your application for a reimbursement.

2. Multiple jobs

During a given year, if you hold more than one job covered by RREGOP, the PPMP, the PPCT or the PPPOCS, for the same employer or for different employers, **you must resign** from all your jobs to obtain the refund of your contributions to all those plans.

Part C - Document to be enclosed with your application

If you live outside Québec, the **original** copy or a certified copy of your birth certificate or the copy of your act of birth is essential to process your application. If you were born in Québec, the document must be delivered by the Directeur de l'état civil if it was issued after December 31, 1993. If you were born outside Québec, it must be delivered by the competent authority. The document will be returned to you as soon as possible.

Part D - Signature of active or non-active member

Your application will be returned to you if you have not signed it. 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 correction.

Part E - Employer information

You must have this part filled out by each employer for whom you worked during part of or the whole last two years. The data provided in this part will be used to calculate the amount of your pension

Part A - Information on active or non-active member

1. Identification of member

<input type="text"/> Last name	<input type="text"/> First name	<input type="text"/> Social insurance number
<input type="text"/> Name at birth (if different)		Sex <input type="checkbox"/> Feminine <input type="checkbox"/> Masculine
<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day
<input type="text"/> Date of birth		

2. Address

<input type="text"/> Number	<input type="text"/> Street, avenue, boulevard	<input type="text"/> Apartment	<input type="text"/> P.O. Box	<input type="text"/> Postal station
<input type="text"/> City, town, municipality			<input type="text"/> Province or State	
<input type="text"/> Postal code	<input type="text"/> Country			

3. Other contact information

<input type="text"/> Area code	<input type="text"/> Telephone at home	<input type="text"/> Area code	<input type="text"/> Telephone at work	<input type="text"/> Extension
<input type="text"/> Area code	<input type="text"/> Cell phone	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English		

Part B - Information on object of application

1. Name of pension plan

Enter name of pension plan concerned by your application:

2. Multiple jobs

If you held more than one job covered by RREGOP, the PPMP, the PPCT or the PPPOCS, have you resigned from all of them? (If you check "No", please refer to the guide.) Yes No

Part C - Document to be enclosed with your application

Original copy or certified copy of your birth certificate or copy of act of birth (if you are living outside Québec)

Part D - Signature of active or non-active member

If my application concerns the total refund of my contributions to RREGOP, the PPMP, the PPCT or the PPPOCS, I hereby certify that I have not held a job covered by those plans since at least 210 days after the **date of end of employment** entered in Part E.

If my application concerns the refund of my contributions to RREGOP, the PPMP or the PPPOCS, I am aware that it will automatically result in the calculation of the benefits to which I am entitled under each of those plans.

I am aware that the refund of contributions made on the strength of the information given in this form will become **final and irrevocable** as soon as the cheque is cashed or the funds are transferred to an RRSP. The refund cancels any present or future right concerning the calculation of my pension or my eligibility for benefits.

I hereby authorize CARRA to provide the employer with any information related to my application for reimbursement. Yes No

I hereby certify that the information provided in Parts A to D of this form and the appended document is accurate and complete.

Signature of active or non-active member

Date

Year	Month	Day
_ _	_	_

Part E - Employer information

This part must be completed by the employer's authorized representative,

1. Identification of employer

Employer's name

Identifier

Address

Number Street, avenue, boulevard, P.O. Box, rural route

Department or agency number

City, town, municipality

Province

Postal code

Other contact information

Area code Telephone

Extension

Area code Fax

2. Identification of active or non-active member

Last name

First name

Social insurance number

Part E - Employer information (cont.)

3. Administrative information

Employee's status: Full-time permanent Part-time permanent
 Other _____

❖ **Information on employment relationship of full-time or part-time permanent employee**

Date of end of employment:

Year	Month	Day

❖ **Information on employment relationship for an employee with a status other than full-time permanent or part-time permanent**

Is the employee's name on a list ensuring priority hiring or employment? Yes No*

Enter date of end of employment:

Year	Month	Day

AND date of last day paid**:

Year	Month	Day

* If you checked "No", you confirm that the employee has no guarantee of priority hiring or employment and consequently does not have to resign.

- ** Paid days include:
- days of actual work;
 - days of absence with pay (ex.: vacation, sick leave, legal holidays, maternity leave, etc.);
 - days during which the employee was entitled to salary insurance benefits;
 - contributory days of absence without pay.

❖ **Information concerning disability (on the basis of the 104 weeks provided in collective agreements or working conditions)**

Date on which disability began:

Year	Month	Day

 Date on which disability ended:

Year	Month	Day

❖ **Other information that might be useful for the processing of this application:**

Part E - Employer information (cont.)

4. Financial information regarding the active or non-active member

This part contains two sections (A and B) so that you can declare the last two years of employment.

Section A is intended for the next-to-last year of employment.

Fields with an asterisk (*) are mandatory.

The field “**Job number” concerns only the education sector.

The “Date of beginning (employment)” corresponds to a new job, as the case may be, and the “Date of end (employment)” corresponds to the date on which employment ended if both events took place in the same year.

The “Date of end of period” is not needed in this section.

SECTION A - DECLARATION OF FINANCIAL DATA

a) Basic financial data

Year of participation

* Pension plan

** Job number

* Type of report

Basis of remuneration
 200 260

Contributory salary

Non-contributory salary (after 35 years)

* Group

* Job class

* Daily Factor

Date of beginning (employment)

Employee contribution

Annual basic salary

Date of end of period

* CARRA calendar number

Employer contribution
 Yes No

Date of end (employment)

Part time - % of time

Adjusted salary
 Yes No

b) Salary range (200-day basis)

Effective date			Annual basic salary
Year	Month	Day	
			\$
			\$
			\$
			\$

c) Absences

Code	Days	Salary	Retroactive payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$

d) Retroactive adjustment

Year	Amount
	\$
	\$
	\$
	\$

Date of payment

Non-contributory amount (after 35 years)

Part E - Employer information (cont.)

The last year of employment must be described in section B.

The "Date of beginning (employment)" corresponds to the date of a new job, as the case may be, and the "Date of end (employment)", corresponds to the date on which employment ended.

The "Date of end of period" must correspond to the date as at which financial data is entered for the member, when the form is completed.

SECTION B - DECLARATION OF FINANCIAL DATA

a) Basic financial data

*Year of participation
 * Pension plan
 ** Job number
 * Type of report
 Basis of remuneration
 200 260
 \$
 Contributory salary
 \$
 Non-contributory salary (after 35 years)

* Group
 * Job class
 * Daily Factor
 Year Month Day
 Date of beginning (employment)
 \$
 Employee contribution
 \$
 Year Month Day
 *Date of end of period

* CARRA calendar number
 Employer contribution
 Yes No
 Year Month Day
 Date of end (employment)
 %
 Part time - % of time
 Adjusted salary
 Yes No

b) Salary range (200-day basis)

Effective date			Annual basic salary
Year	Month	Day	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$

c) Absences

Code	Days	Salary	Retroactive payment
<input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/> \$

d) Retroactive adjustment

Year	Amount
<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/> \$

Year Month Day
 Date of payment
 \$
 Non-contributory amount (after 35 years)

Employer's identifier

Social insurance number

Part E - Employer information (cont.)

5. Signature of employer's authorized representative

I hereby certify that the information provided in Part E of this form is accurate and complete.

Last name and first name of authorized representative (IN BLOCK LETTERS)

Job title

Area code Telephone

Extension

Signature of authorized representative

Year Month Day
Date

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

418 643-4881 (Québec region)
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**