



**LCC Worker  
Benefit Services Inc.**  
*Caring for those who serve*

# **Election of Pension Participation While on Maternity/Parental Leave**

Title:	First Name (and Initial):	Last Name:	
Address:			
City:		Province:	Postal Code:
Home Phone: ( )	Work Phone: ( )		E-Mail:

## **Pension**

While on maternity/Parental leave, your Required Member Contributions to the Pension Plan can be waived. Your employer will continue employer contributions. You may elect to continue participating in the Employee Required and/or the Optional Defined Contribution (DC) component of the Pension Plan.

### **Please complete the following:**

- I wish to continue making Employee Required contributions to the DC component of the Pension Plan - 4 % of pay).
- I wish to continue making Optional Employee contributions to the DC component of the Pension Plan of \_\_\_\_\_% of pay (1 – 4%).
- I wish to stop making Employee Required contributions to the DC component of the Pension Plan.
- I wish to stop making Optional Employee contributions to the DC component of the Pension Plan.

## **Employee Authorization**

I fully understand the options available to me and have indicated my election by checking one of the boxes above.

Signature	Date
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Please retain a copy of this form and forward the original to:

Worker Benefit Plans  
c/o Ellement  
1345 Taylor Avenue  
Winnipeg, MB R3M 3Y9