

# Deferred Salary Leave Plan Application for Benefits

## Instructions

Please complete and return this form as directed. All form fields are mandatory.

## Please Type or Print

Employee Last Name	First Name	Initial	Employee Number
Employee Home Mailing Address	City	Province	Postal Code
Date of Birth	Social Insurance Number		

Contribution Deferral Start Date:	Contribution Deferral Stop Date:

Leave of Absence Start Date	Leave of Absence Return Date

## Employee Certification

- I have read the Policy and Procedures of my employer's Deferred Salary Leave Plan and understand and agree to the terms and conditions of the program.
- I authorize my employer to deduct a percentage of my base salary, in accordance with my deferral period and to deposit these amounts with CUMIS (the Plan Administrator) to be held, invested, administered, and distributed in accordance with the Deferred Salary Leave Plan and the trust agreement entered into on my behalf by my employer with the Trustee (Concentra Trust o/a Wyth Trust).
- I understand the Plan is established for the main purpose of permitting the participant to fund a leave of absence not to provide benefits to the participant on or after retirement.
- I understand that during the leave period, I cannot receive any salary from my employer, other than the amounts deferred.
- I understand early withdrawal requires my employer's approval.
- I understand that a one-time suspension of my participation in the Plan, up to a maximum period of 18 months, requires my employer's approval and may occur only under the following circumstances: 1) begin a leave of absence under the Collective Agreement; or 2) in receipt of benefits under the Long-term Disability Plan.
- I assume responsibility for the tracking and reconciling of funds deposited to my account.

Employee Signature	Date _____ Month      Day      Year
Authorized Signature of Employer	Date _____ Month      Day      Year