

OPSEU/EXEMPT - 12 Month Option

Name:

Telephone #:

Home Address:

Department:

Name and Address of Attending Physician:

(attach medical Certificate):

From:

To:

Maternity Leave Sub-Plan (17 wks)

Parental Leave Sub-Plan (10 wks)

Parental Leave (25 wks)

Date of Last Day Worked (before leave)

Date of Return to Work (after leave)

Do you wish to continue with contributions to the Trent University Pension Plan during your maternity/parental leave:

YES

NO

If Yes, please choose one option:

Total contributions for the 52 weeks of leave deducted over the 27 weeks of top-up payments.(I will receive pension service for 1.0 year)

Normal contributions during the 27 weeks of top-up only. (I will receive pension service for those 27 weeks only)

Date

Signature of Applicant

Date

Supervisor's Signature

PLEASE READ THE FOLLOWING CAREFULLY

The following is to be completed by applicants for maternity/parental leave sub plans only:

In accepting payment from Trent University under the Maternity/Parental Leave SUB Plans, I the undersigned agree to all the terms and conditions of the Plan. If I should fail to return to work at Trent University on the date stipulated on this form and/or if I should fail to return to work for a period equal to the length of the paid leave, I agree to return to Trent University all the money paid to me by the University during my maternity/parental leave.

Date

Signature of Applicant