



CHRISTIAN SCHOOLS  
INTERNATIONAL

# CANADIAN CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE  
Grand Rapids, Mi 49512-3054  
CSI Employee Benefits Fax. 616-301-2149

## EMPLOYEE APPLICATION FORM

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Birthdate \_\_\_\_\_ Soc. Ins. #. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Month Day Year

Email Address (Required to allow you access to your on-line benefit information) \_\_\_\_\_

School Employed at: \_\_\_\_\_ School Acct # \_\_\_\_\_

### Position:

Administrator \_\_\_ Teacher \_\_\_ Clerical \_\_\_ Custodian \_\_\_ Other \_\_\_\_\_

### Status:

Full time \_\_\_ Part time \_\_\_ If part time, have you completed one year of employment at a school participating in the Pension Plan while earning 35% (25% in Manitoba) of the YMPE? Yes \_\_\_ No \_\_\_

I have previously participated in this Plan. Yes \_\_\_ No \_\_\_

NOTE: If Yes, but you have cashed out of the Plan, check No. (Contact the Pension office regarding possible reinstatement of your canceled service credits.)

I have worked in a US Christian School and participated in the CSI US Pension Plan. Yes \_\_\_ No \_\_\_

Spouse's name \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_ SIN \_\_\_\_\_  
Month Day Year

Beneficiary's name \_\_\_\_\_ Relationship \_\_\_\_\_ SIN \_\_\_\_\_

Beneficiary's address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

(If benefits are to be paid to a minor, the Plan Administrator, at its discretion, may make such benefits payable to a legal guardian or if none, to a parent with whom the minor resides.)

I hereby certify that I am eligible to participate and that to the best of my knowledge the information given above is correct and true to fact. (For information on eligibility, see reverse side.) I authorize the use of my Social Insurance Number for Administrative purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### SPOUSE CONSENT

If you have a spouse and wish to designate someone other than your spouse as your beneficiary, your spouse must give written consent to the beneficiary of your choice.

As the spouse of the above-named employee, I consent to the beneficiary designation listed above. I understand that under this designation no death benefits will be paid to me from this Plan.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

Signature of Notary Public

(STAMP SEAL HERE)

(PLEASE HAVE EMPLOYER COMPLETE REVERSE SIDE)

**ELIGIBILITY:**

- 1) All full-time employees must participate in the Plan as of the date they are hired as well as all part-time employees who have previous service credits, regardless of the number of hours worked. Employees must be enrolled in the Plan at the time they begin to work 100% full time regardless of whether they are a new hire or go from part-time to full-time status.
- 2) All newly hired part-time employees who have not been previously enrolled must complete one year of employment and earn at least 35% of the YMPE (Years Maximum Pensionable Earnings) before they are eligible to participate.
- 3) All part-time employees of a CSI member school in Canada employed on or before 9/1/2009 whose compensation exceeded 35% of the YMPE, or \$16,415.00 (\$11,725.00 in Manitoba) during fiscal year 2009/2010 are eligible to participate.
- 4) Once an employee participates in the Plan he (or she) shall remain in the Plan as long as he (or she) is employed by a participating employer. (ie; Supply teachers with credits in the Plan must be enrolled.)
- 5) Ordained ministers eligible to participate in a church sponsored retirement plan may choose to be excluded.

<b>TO BE COMPLETED BY EMPLOYER:</b>	<b>SCHOOL ACCT #:</b> _____
Employee Name: _____	Social Ins. No: _____
Employee's Employment Date: _____	Plan Participation Date _____
Employee's Salary for Plan Year: \$ _____	Percent Full Time: _____%
If Date of Employment is different from Participation Date, please explain why _____	
_____	

(PLEASE FAX BOTH SIDES OF COMPLETED FORM TO CSI,  
THEN MAIL THE ORIGINAL. SEE ADDRESS ON REVERSE SIDE.)