



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)

PENSION PLAN ELIGIBILITY

1. All full-time employees must participate in the Plan as of the date of their employment as well as all part-time employees with prior service credits, regardless of the number of hours worked. (All supply teachers with credits in the Plan must be enrolled.)
2. Employees must be enrolled in the Plan at the time they begin to work 100% full time regardless of whether they are new hires or go from part-time to full-time status.
3. All part-time employees of a CSI member school in Canada who were employed on or before 9/1/2010 and whose compensation exceeded \$16,777 (\$11,983 in Manitoba) in fiscal year 2010/2011 are eligible and must be enrolled in the pension plan. NOTE: Part-time employees who were hired prior to 9/1/1987 may elect to participate and those employed on or after 9/1/1987 must participate.
4. Once employees participate in the Plan they shall remain in the Plan as long as they are employed by a Participating Employer. Supply teachers with credits in the Plan must be enrolled. (If participants terminate employment and withdraw their contributions from the Plan, they must meet the Plan's eligibility requirements again if rehired by a participating member school.)
5. Ordained ministers who are eligible to participate in a church sponsored retirement plan may choose to be excluded.
6. If individuals who are receiving pension benefits from the CSI Pension Plan provide services for compensation from a school that participates in the CSI Pension Plan, they are considered re-employed pensioners and are subject to the Plan's provisions concerning Suspension of Benefit payments. This applies whether they are employed by the school, self-employed or hired through a third party, such as a personal service corporation. Contact CSI for more information.

TO BE COMPLETED BY EMPLOYER:	SCHOOL ACCT #: _____
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.)