



## OPTIONAL SERVICE ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, confirm that I am aware of the limitations regarding the purchase of Optional Service. I am a new member of the Public Service Pension Plan and I have been given the information regarding the plan and my rights to establish Optional Service.

### PSPP COMMENCEMENT

DATE \_\_\_\_\_

- I do not have any optional service that is eligible for purchase.
- I have optional service but I do not wish to pursue a formal Notice of Cost at this time.
- I have optional service and wish to pursue a formal Notice of Cost at this time (please complete the information below):

\_\_\_\_\_  
From Date (DD/MM/YYYY)

\_\_\_\_\_  
To Date (DD/MM/YYYY)

\_\_\_\_\_  
Pensionable Service (Years)

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pension & Benefits

\_\_\_\_\_  
Date

The information on this form is collected for the purpose of providing benefit coverage for an employee and the employee's eligible spouse and children, under the Income Tax Act, Section 230(1) and in accordance with the Freedom of Information and Protection of Privacy Act, Section 33(c). Certain information will be made available to federal and provincial departments and agencies under appropriate legislative authority. For further information contact Human Resources, Pension & Benefits, University of Lethbridge, telephone number: 403-329-2274.