

# **Public Service Superannuation Plan**

Defined Benefit Administration Guide



## **INTRODUCTION**

Plannera Pensions & Benefits (Plannera) is your partner in administering pension and benefit programs for your employees. Within Plannera, one area is responsible for the administration of the Superannuation Plans, while other areas look after various other plans.

At Plannera, we recognize that you, as employer representatives, and plan members are our customers as well as our partners. We look forward to working with you so we can provide our mutual customers, plan members, with the best possible service.

While we are responsible for the day-to-day administration of the Plan, we are available to meet with either you or your employees to discuss any aspect of the Plan.

If you have any suggestions on how we can improve our service, please contact us.

Our vision at Plannera is to be a recognized leader in our industry.

To be a recognized leader we must follow our mission statement which is to provide quality service and efficient administration of pension and benefit plans contributing to the well-being and security of our members.

## **MAIL**

Public Service Superannuation Plan  
c/o Plannera Pensions & Benefits  
110 - 1801 Hamilton Street  
Regina, Saskatchewan S4P 4W3

## **TELEPHONE**

(306) 787-3988

## **FAX**

(306) 787-0244

## **E-MAIL**

[pssp@plannera.ca](mailto:pssp@plannera.ca)

## **WEBSITE**

[www.plannera.ca](http://www.plannera.ca)

Administered by **Plannera Pensions & Benefits**

## TABLE OF CONTENTS

EXPECTATIONS OF THIS GUIDE .....	4
ROLE OF THE PLAN ADMINISTRATOR .....	5
ENROLMENT .....	6
CHANGE OF PERSONAL INFORMATION .....	7
• BENEFICIARY (PERSONAL NOMINEE)	
• ADDRESS	
• MARITAL STATUS	
• ACCEPTABLE DOCUMENTATION	
• PERSONAL CHANGE FORM	
RETIREMENT .....	9
• RETIREMENT RULES	
• NORMAL RETIREMENT	
• NORMAL RETIREMENT FORM	
• EARLY RETIREMENT	
TERMINATION OF EMPLOYMENT .....	12
• REQUEST FOR TERMINATION BENEFITS FORM	
DEATH BENEFITS .....	14
• WHILE EMPLOYED	
• AFTER RETIREMENT	
• DEATH BENEFITS FORM	
• SUPERANNUATE DEATH NOTICE FORM	
WORK ABSENCE .....	17
• LEAVE OF ABSENCE	
• JOB SHARE	
• VARIABLE HOURS	
• WORK ABSENCE FORM	
SALARY AND SERVICE INFORMATION .....	19
PURCHASE OF SERVICE .....	20
CONTRIBUTION REMITTANCE.....	21
• ELECTRONIC SUBMISSIONS	
• MANUAL SUBMISSIONS	
REPORTING .....	22
• INCOME TAX -T4	
• PRE-RETIREMENT LISTINGS	
ACCEPTABLE DOCUMENTATION .....	23
• PROOF OF AGE	
• PROOF OF RELATIONSHIP	
• PROOF OF DEATH	
• CERTIFICATION OF DOCUMENTS	

## EXPECTATIONS OF THIS GUIDE

Plannera created this guide to make your job easier in working with your plan.

This will give you information to ensure accurate administration of the PSSP. The guide includes background, instructions, examples and check-lists for completing forms.

The ongoing information Plannera will need from you, as employers, is:

YOUR EMPLOYER NAME:

YOUR EMPLOYER CODE:

YOUR PLAN NAME:

We can be reached at (306) 787-3988 or via e-mail at [pssp@plannera.ca](mailto:pssp@plannera.ca).

## ROLE OF THE PLAN ADMINISTRATOR

A three-member board consisting of a chairman, an employer representative and a member representing the employees, is responsible for the administration of the Plan.

The Board carries out responsibilities by:

- Making any recommendations for changes to the Plan and
- Interpretation of the Act.

The Board retains the Planner to provide administrative functions related to the Plan. You, as an employer, play a valuable role in ensuring the efficient operation of the Plan, by providing us with the appropriate information on a timely basis.

This partnership – the Board, Planner and you, provide ongoing administration of the Plan for the benefit of plan members.

## ENROLMENT

New member enrolment for PSSP ceased with the inception of The Public Employees Superannuation Plan (PESP) on October 1, 1977.

Employees are members of the Plan if they became a permanent or labour service employee prior to October 1, 1977 and did not elect to transfer from this Plan, referred to as the Old Plan to the Public Employees Superannuation Plan (PESP), now known as the Public Employees Pension Plan (PEPP).

## CHANGE OF PERSONAL INFORMATION

### **BENEFICIARY (PERSONAL NOMINEE)**

Generally, the spouse of the member will be the beneficiary, and/or their dependent children under age 18. It is important the Plan be updated on any personal changes that may occur. This will save time later in the event of a death claim or actual retirement.

At any time, a plan member may appoint another beneficiary in the event they do not have a spouse, or children under the age of 18, who would have first rights with the account. To do this, they should submit the *Personal Change Form*.

### **ADDRESS**

When a member wants to change their address, please call Planner, send us a letter, or e-mail us advising of the change.

To assist us in issuing annual statements to plan members, we will contact you once a year for an updated address listing.

### **MARITAL STATUS**

When a member wants to change their marital status, please call Planner, send us a letter, or e-mail us advising of the change.

Prompt notification of any change in personal information is important so Planner can ensure accurate and timely processing of member requests.

*In all cases, please submit the Personal Change Form.*

## CHANGE OF PERSONAL INFORMATION

**ACCEPTABLE DOCUMENTATION** Acceptable documentation is the documentation the Planner will use in the administration of the pension and benefit programs for which it is responsible. Depending on the program for which the documentation is used, the specific governing Board/Commission/Council may have to approve the secondary documentation.

The member is required to provide us with acceptable documentation to verify a number of different events (proof of age, proof of marriage, proof of death).

Acceptable documentation varies so please review the *Personal Change Form*. A separate section on Acceptable Documentation is included at the back of this guide.



**CHANGE OF PERSONAL INFORMATION FORM**



**Reset Form**

110 - 1801 Hamilton Street  
 REGINA SK S4P 4W3  
 Phone: 306-787-3988  
 Fax: 306-787-0244  
 Email: pssp@plannera.ca

**Confirm** Plan the member participates in.

**Employee:**  
 Fully completes form. Ensure all new information is correct.

**Employee:**  
 Ensure personal nominee has been changed correctly.

**Employee:**  
 Ensure employee dates and signs the form.

**Personal Change Form**

PSSP    Liquor Board    SaskPower

**SECTION A: MEMBER INFORMATION (Please print)**

Social Insurance Number 999 999 999	Last Name Doe	First Name and Initial John E
Mailing Address 9999 PEBA Way	City Regina	Province SK
	Postal Code A9A 9A9	
Birthdate (day/month/year) 01-JAN-1900	Phone Number(s) Home 999-999-9999 Business 777-777-7777	E-mail Address john.doe@emailaddress.ca

**SECTION B: CHANGE IN DATA (Sign and date form below)**

CHANGE OF ADDRESS  
 Date Effective: 07-NOV-2023

same as above; or  
 9999 Plannera Way, Regina SK A9A 9A9

CHANGE IN SPOUSAL RELATIONSHIP (You may wish to review your designation of beneficiary)  
 Date Effective: 07-NOV-2023

Single    Legally married    Divorced    Separated    Common-law  
 Please attach acceptable documentation (listed on reverse)

CHANGE IN NAME  
 Date Effective: 07-NOV-2023

To:   Smith   John  
 Last Name   First Name  
 Please attach acceptable documentation (listed on reverse)

CHANGE OF BENEFICIARY (PERSONAL NOMINEE) (See reverse for details)

John  
 Last Name   First Name   Relationship

John Doe  
 Signature of Member   07-NOV-1990  
 Date (day/month/year)

### RETIREMENT RULES

#### Normal Retirement

- Age 65;
- Any age with 35 years of eligibility service;
- Age 60 with 20 years of eligibility service.

#### Early Retirement

- Age 55 with 30 years of service.

### EARLY RETIREMENT

We will contact the plan member and you as the employer six months prior to the member attaining age 65 or two months before attainment of 35 years of service. In the case of the member attaining age 65, they must retire. A member with 35 years of service has the option of retiring at a later date.

Employers look upon their member's upcoming retirements differently. We encourage you to become involved in this important event. Retirement can be a challenging personal time, so helping members complete initial forms will ensure a smooth transition into retirement and no delays in receiving their pension payment.

Plannera requires this information to perform a retirement projection and then an actual retirement benefit:

- Request For Retirement Benefits Form;
- Date of Planned Retirement for projections;
- Date of Actual Termination for retirements;
- Proof of Age of member and spouse;
- Marriage Certificate or Common Law Declaration;
- Final Salaries – Please estimate salary from last contribution to planned retirement date. Actual salaries must be provided prior to actual retirement being finalized;
- TD1 forms; and
- Blank void cheque.

Once Plannera receives the retirement documents, we will provide the member with options available to them. The member then decides the most appropriate option. Plannera staff will be available to discuss the options and to assist the member in making an informed decision. Members *must* schedule an appointment.

### NORMAL RETIREMENT

A plan member may elect to take early retirement. If the member wishes to take early retirement, they should inform you as the employer. Please notify Plannera and we will then work jointly with the member to determine options available.

We will require the same information and documentation as required for a Normal Retirement.

# RETIREMENT FORM



**Reset Form**

110 - 1801 Hamilton Street  
 REGINA SK S4P 4W3  
 Phone: 306-787-3988  
 Fax: 306-787-0244  
 Email: pssp@plannera.ca

**Confirm Plan the member participates in.**

**Pension Application**

PSSP    Liquor Board    PCSP

This form is to be completed and submitted one month before a member's retirement date.

**SECTION A:**  
 Employee fully completes SECTION A.

SECTION A: TO BE COMPLETED BY THE MEMBER (Please print)			
Social Insurance Number 999 111 999	Last Name Doe	First Name and Initial John E	
Mailing Address 9999 PEBA Way		City Regina	Province SK
		Postal Code A9A 9A9	
Retirement Date (day/month/year) 01-01-2024	Phone Number(s) Home 999-999-9999 Business 777-777-7777	E-mail Address john.doe@peba.gov.sk.ca	
Spouse's Name Jane Doe		Spouse's Date of Birth (day/month/year) 01-01-1990	

**SECTION B:**  
 Employee fully completes SECTION B.

SECTION B: RETIREMENT OPTION SETTLEMENT (Choose one)						
Settlement Options (select one): <input checked="" type="checkbox"/> Normal or Joint Life (JL) 60% Survivor <input type="checkbox"/> JL 75% Survivor <input type="checkbox"/> JL 100% Survivor Enhanced Bridge - only available to members retiring before age 65 (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No						
You are required to provide the following information so your monthly pension can be finalized and approved.  <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified proof of age for yourself</td> <td><input checked="" type="checkbox"/> Certified proof of age for your eligible spouse</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified copy of marriage certificate</td> <td><input checked="" type="checkbox"/> Common-Law Declaration</td> </tr> <tr> <td><input checked="" type="checkbox"/> TD1 forms – federal and provincial</td> <td><input checked="" type="checkbox"/> Statutory Declaration (if proof of age or marriage is unavailable)</td> </tr> </table> <p>Banking information – Attach your void <b>personal</b> cheque or your authorized direct deposit form from your financial institution here (direct deposit form must be stamped by your financial institution).</p> <p>I acknowledge receipt of a Retirement Estimate from Plannera Pensions &amp; Benefits (Plannera) regarding the pension benefits to which I am entitled due to my retirement under the Plan.  <b><u>With my signature I certify that I do not have a spouse (legally married or common-law) other than that identified above.</u></b></p> <p>I hereby elect the option(s) indicated above, which represents a discharge of my benefit entitlement as an active employee under the Plan. I understand that the amounts provided to me by Plannera are based on the salary and service information provided by the employer at the time of the estimate. If there is a significant difference between my pension and the estimate, I will be advised by Plannera.</p> <p style="text-align: center;"><i>John Doe</i></p> <p>Signature of Member _____ Date (day/month/year) <u>07-11-2023</u></p>	<input checked="" type="checkbox"/> Certified proof of age for yourself	<input checked="" type="checkbox"/> Certified proof of age for your eligible spouse	<input checked="" type="checkbox"/> Certified copy of marriage certificate	<input checked="" type="checkbox"/> Common-Law Declaration	<input checked="" type="checkbox"/> TD1 forms – federal and provincial	<input checked="" type="checkbox"/> Statutory Declaration (if proof of age or marriage is unavailable)
<input checked="" type="checkbox"/> Certified proof of age for yourself	<input checked="" type="checkbox"/> Certified proof of age for your eligible spouse					
<input checked="" type="checkbox"/> Certified copy of marriage certificate	<input checked="" type="checkbox"/> Common-Law Declaration					
<input checked="" type="checkbox"/> TD1 forms – federal and provincial	<input checked="" type="checkbox"/> Statutory Declaration (if proof of age or marriage is unavailable)					

**Employee:**  
 Employer ensures employee dates and signs the form.

# RETIREMENT FORM

**Employee:**  
Employer fills out, signs  
and dates Section C.

SECTION C: EMPLOYER AND TERMINATION INFORMATION			
Last Name of Member Doe	First Name and Initial John #	Social Insurance Number 999 999 999	
Member's Termination Date December 31, 2023	Salary or Rate of Pay at Termination (specify period) \$1,800 paid Bi-weekly	Employee Title Senior Pension Information Officer	
Department Pension Admin		Department Contact Henry 123-456-7899	
Department Address 9999 Planner aWay	City Regina	Province SK	Postal Code A9A 9A9
Department Contact's Phone Number 555-555-5555		Department Contact's E-mail Address henry.doc@emailaddress.ca	
Signature of Employer <i>Henry Employer</i>		Date (day/month/year) 07-11-2023	

## COMMENTS AND INSTRUCTIONS

### Employees

Fill out Sections A and B. If you cannot attach a **personal** void cheque, have your financial institution fill out and stamp an authorized direct deposit form. Please have your employer complete Section C. Sign and submit the completed form to the Plan at the address below. **Please note your retirement cannot be finalized until all sections have been completed.**

Your retirement date is the date immediately following your termination date.

All options guarantee a pension for the lifetime of you and your eligible spouse. The percentage indicated is the portion of your pension that your eligible spouse will receive in the event of your death.

Dependent children are only entitled to a survivor benefit where a Joint Life 60 per cent survivor, or Joint Life 60 per cent survivor with Enhanced Bridge are elected.

### Employers

If the member has provided you the form, fill out Section C and have the member submit the form to the Plan.

### Acceptable Documentation for Change in Spousal Relationship

- declaration of common-law relationship;
- divorce certificate or decree absolute;
- marriage certificate;
- single status declaration; or
- spouse's death certificate

#### For more information please contact:

Public Service Superannuation Plan (PSSP)  
c/o Plannera Pensions & Benefits  
110 - 1801 Hamilton Street  
REGINA SK S4P 4W3  
Phone: 306-787-3988  
Email: pssp@plannera.ca  
Website: www.plannera.ca

## DEATH BENEFITS

### **WHILE EMPLOYED**

When a plan member dies while still actively employed, Plannera requires this information:

- Completed Employee Death Benefits Form;
- Death Certificate or Funeral Director's Statement of Death;
- Birth Certificates (Member, Spouse, Common-Law and dependent children under age 18);
- Marriage Certificate or Common-law declaration form;
- Contributions not yet remitted and period covered;
- Salary History; and
- Leave of Absence History.

Upon receipt of this information, Plannera will contact the spouse, executor, or designated individual to advise them as to the death benefits available. The spouse is entitled to all of the available pension options. We will advise them if any additional information is required (void cheques, TD1's).

### **AFTER RETIREMENT**

When the plan member dies after they have retired, Plannera requires this information:

- Completed Superannuate Death Notice Form;
- Death Certificate or Funeral Director's Statement of Death;
- Birth Certificates (Spouse, Common-law declaration if not previously provided and Children under age 18); and
- Marriage Certificate or Common-law declaration form (if not previously supplied).

If additional forms are required, Plannera contacts the designated individual directly to request this information.

# DEATH BENEFITS FORM



110 - 1801 Hamilton Street  
 REGINA SK S4P 4W3  
 Phone: 306-787-3988  
 Fax: 306-787-8822  
 Email: pssp@plannera.ca

**Reset Form**

**Confirm** Plan the member participates in.

**SECTION A:**  
 Employer fully completes Section A.

**SECTION B:**  
 Spouse, beneficiary, or executor fully completes Section B. Verify new information.

## Request for Employee Death Benefits

PSSP    Liquor Board    PCSP

SECTION A: TO BE COMPLETED BY EMPLOYER (Please print)			
Employee's Last Name <b>Doe</b>		Employee's First Name and Initial <b>John</b>	
Social Insurance Number <b>999 999 999</b>		Employee Title <b>Senior Communications Officer</b>	
Last Day Worked/Last Day Paid (day/month/year) <b>Oct. 31, 2023</b>		Employee's Date of Death (day/month/year) <b>Oct. 31, 2023</b>	
Last Contribution Date (day/month/year) <b>Oct. 31, 2023</b>	Outstanding Contributions (amount and period) <b>\$1,500 Oct 1 - 31, 2023</b>	Date and Amount of Final Deduction <b>Oct. 31, 2023 \$1,500</b>	
Final Three Months Salary-by month <b>Aug \$4,000</b>	<b>Sept \$4,000</b>	<b>Oct \$4,000</b>	
Department <b>Marketing &amp; Communications</b>		Department Contact <b>Jane Doe 777-777-7777</b>	
Department Address <b>9999 PEBA Way</b>	City <b>Regina</b>	Province <b>SK</b>	Postal Code <b>A9A 9A9</b>
Department Contact's Phone Number <b>999-999-9999</b>		Department Contact's E-mail Address <b>jane.doe@emailaddress.ca</b>	
Signature of Employer <i>Jane Doe</i>		Date <b>November 8, 2023</b>	
SECTION B: SPOUSE/BENEFICIARY INFORMATION			
Name of Spouse/Beneficiary/Executor <b>Kelly Doe</b>		Phone Number <b>555-555-5555</b>	E-mail Address <b>kelly.doe@emailaddress.ca</b>
Address <b>9999 Plannera Way</b>		City <b>Regina</b>	Province <b>SK</b> Postal Code <b>A9A 9A9</b>
Spouse's Name (if different than above)		Spouse's Date of Birth <b>01-JAN-1900</b>	
Dependent Child(ren) under age 18 Name(s) <b>Johnny Doe</b>		Dependent Child(ren) under age 18 Date(s) of Birth <b>01-JAN-2018</b>	
Dependent Child(ren) under age 18 Social Insurance Number(s) <b>666 666 666</b>			
The death benefits under the Plan are paid to the eligible spouse of the member at the time of death. If there are dependent children under the age of 18 at the time of the member's death, they may be eligible for a death benefit as well. If there is no eligible spouse or dependent children at the time of the member's death, a lump-sum payment will be made to the estate.			

January 2024

**Spouse:**

Employer ensures spouse, fills out the information and dates and signs.

SECTION C: BENEFIT - TO BE COMPLETED BY THE MEMBER'S SPOUSE							
Spouse's Name <b>Kelly Doe</b>	Spouse's Social Insurance Number <b>444 444 444</b>						
Settlement Options (select one): <input type="checkbox"/> 60% Survivor <input type="checkbox"/> 75% Survivor* <input checked="" type="checkbox"/> 100% Survivor* <small>*Dependent children's benefits are only payable with a 60 per cent survivor benefit option.</small>							
Enhanced Bridge (select one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Please include the information selected below so your monthly pension can be finalized and approved. <input checked="" type="checkbox"/> Certified proof of age for yourself <input checked="" type="checkbox"/> Certified proof of age for any dependent children <input checked="" type="checkbox"/> Certified copy of marriage certificate <input checked="" type="checkbox"/> Certified copy of death certificate <input checked="" type="checkbox"/> Statutory Declaration (if proof of age or marriage is unavailable) <input checked="" type="checkbox"/> TD1 forms – federal and provincial <input checked="" type="checkbox"/> Banking information – sample of void cheque (If you cannot provide a void cheque, please have your financial institution complete the following)							
<table border="0"><tr><td style="text-align: center;">1 2 3</td><td style="text-align: center;">4 5 5 7 8</td><td style="text-align: center;">9 1 2 3 4 5 6 7 8 9 1 2</td></tr><tr><td style="text-align: center;">Financial Institution</td><td style="text-align: center;">Branch</td><td style="text-align: center;">Account Number</td></tr></table>	1 2 3	4 5 5 7 8	9 1 2 3 4 5 6 7 8 9 1 2	Financial Institution	Branch	Account Number	November 8, 2023
1 2 3	4 5 5 7 8	9 1 2 3 4 5 6 7 8 9 1 2					
Financial Institution	Branch	Account Number					
Signature from Financial Institution _____ Date (day/month/year) _____							
<b>Please note that your spousal benefit cannot be finalized until all sections have been completed.</b> I acknowledge receipt of a Death Benefit Option Settlement letter from Plannera Pensions & Benefits regarding the benefits to which I am entitled as a death benefit under the Plan. With my signature I confirm all information provided in Section B to be accurate. I hereby elect the option as indicated above, which represents a discharge of my benefit entitlement under the Plan.							
<i>Kelly Doe</i>	November 8, 2023						
Signature of Spouse _____ Date (day/month/year) _____							
SECTION D: LUMP-SUM PAYMENT (To be completed only where there is no spouse or children under age 18)							
I hereby certify that the member did not have an eligible spouse or any children under the age of 18 years on the date of death, and that I am either: <input type="checkbox"/> the executor or personal representative of the member (please provide a notarized copy of the will, letters probate or letter of administration); <input type="checkbox"/> the person nominated by the member; or <input type="checkbox"/> a member of the family of the member and that I am accordingly entitled to receive a lump-sum payment upon the death of the member in accordance with <i>The Superannuation (Supplementary Provisions) Act.</i>							
<b>Johnny Doe</b>	<b>123456 Number Court</b>						
Name _____	Address _____						
<i>Signature</i>	November 8, 2023						
Signature _____ Date (day/month/year) _____							

**Spouse, beneficiary, or executor:**

Employer ensures executor dates and signs.

**DEATH BENEFITS FORM**

**Superannuate Death Notice**

**Confirm** Plan the member participates in.

PSSP    LIQUOR BOARD    WORKERS' COMPENSATION    STC    ANTI-TB    JUDGES

Spouse, beneficiary, or executor fully completes.

To be completed by the Spouse/Beneficiary/Executor			
Current Address <b>Any Street</b>	City, Town, Village <b>Any Place</b>	Province <b>SK</b>	Postal Code <b>S0A 1B0</b>
Date of Death <b>January 12, 2005</b>	Place of Death <b>Esterhazy SK</b>		
Spouse/Personal Representative's Phone Number <b>222-3333</b>	Spouse/Personal Representative's Email Address <b>www@hotmail.com</b>		
Spouse's Name <b>Jane Anybody</b>	Spouse's Date of Birth <b>February 8, 1938</b>		
Dependent Child(ren) & Relationship <b>Ann (daughter)</b>	Dependent Child(ren) Date of Birth <b>February 25, 1967</b>		
By providing notice of Superannuate's death, we are hereby requesting that the Spouse and Dependent Children of the Superannuate receive survivor's pension, if any, in accordance with the option selected by the Superannuate at the time of their retirement. If there is no legal Spouse, or dependent Child(ren), at the time of the Superannuate's death, a lump sum payment may be payable to the Estate.			
The following information, where applicable, is required before your monthly pension can be finalized and approved: <input type="checkbox"/> Certified Proof of Age for yourself; <input type="checkbox"/> Certified Proof of Age for any dependent children; <input type="checkbox"/> Certified copy of Marriage Certificate; <input type="checkbox"/> Statutory Declaration – if Proof of Age, or Marriage, is unavailable; <input type="checkbox"/> Social Insurance Numbers for all individuals eligible for a Death Benefit; <input type="checkbox"/> TD1 forms – Federal & Provincial; <input type="checkbox"/> Banking information – sample of void cheque			
<b>IF YOU CANNOT PROVIDE A VOID CHEQUE, PLEASE HAVE YOUR FINANCIAL INSTITUTION COMPLETE THE SECTION BELOW</b>			
Financial Institution	Branch Number	Account Number	Financial Institution Signature.
<b>January 16, 2005</b>		<b>Ann Anybody</b>	
Date		(Signature of Spouse/Beneficiary/Executor)	

**Spouse, beneficiary, or executor:**  
Employer ensures spouse, beneficiary, or executor dates and signs.



## SALARY AND SERVICE INFORMATION

Based on the contributions being remitted on a regular basis, plus the plan member's contribution rate, Plannera will determine, on an ongoing basis, the salary for that period. If Plannera notices a discrepancy between this calculation and the information with the contribution remittance, we will contact you to seek clarification.

Salary information must be kept current, as it will be used for benefit payment projections and annual plan member statements.

When the plan member is requesting a benefit payment (termination, death or retirement), Plannera must confirm the correct service information is on file. The employer, confirms dates of service to ensure our calculations are accurate.

Plannera may periodically provide employers with a special report to verify service figures. If plan members still question dates shown on their annual statement, Plannera will contact you to confirm the information on file. If plan members contact you directly, we will be pleased to work with you to confirm and update our records.

Annually, Plannera will provide each employer with a reconciliation and ask for confirmation of salary and service for each individual. This is especially important for individuals who are working less than full-time during the year. The annual reconciliation will contain a section that permits you to certify that the contribution remittance process has been audited either by provincial audit or an outside audit firm.

Plannera will contact you when we are making a benefit payment (retirement, death, or death) to confirm the salary history we are using.

## PURCHASE OF SERVICE

If a plan member wishes to purchase “prior service” they can do this by contacting our office. Planner, in turn, will perform a detailed calculation that shows the total cost, the amortized cost, the time frame over which we have calculated this cost, and an election form.

For us to provide this information to the plan member, we will be asking you to confirm certain information:

- For each period of prior employment;
  - o Start and end dates;
  - o Days worked (labour service, casual, part-time)
  - o Earnings for period in question; and
  - o Type of employment.

If the plan member elects to purchase this prior service, and is going to amortize the cost over a period of time, these costs must be deducted from his/her pay on an ongoing basis. You will then need to identify these contributions separately on the ongoing contribution remittances you provide to our office.

## CONTRIBUTION REMITTANCE

Plannera offers our clients the options of electronic or manual submissions for remitting contributions and the accompanying support material. To switch from a manual submission to an electronic format, please contact us to arrange the changeover.

Contributions are required to be submitted at least monthly to your Plan, but can be remitted more frequently, (bi-weekly). If you change your payroll cycle, please notify Plannera, so we can adjust our system to match your payroll cycle.

### **ELECTRONIC SUBMISSIONS**

Electronic submissions are generally remitted by sending an electronic file to Plannera that can then be uploaded directly into our system. This ensures accuracy in allocating the contributions to each individual member of the Plan.

### **MANUAL SUBMISSIONS**

Manual submissions involve submitting your support material on a form provided by Plannera, or an agreed upon alternative.

In all cases, when you submit the required support material, you must also forward a cheque to Plannera, payable to your Plan, for the total of all contribution types.

In all cases, we require this information to accompany your remittance:

- Employer Name;
- Employer Code – supplied to you at the front of this guide;
- Period Covered – start and end dates;
- Social Insurance Number for each plan member;
- Surname, First Name and Initial of each plan member;
- Salary for the period for each Plan member – this is the salary on which contributions have been determined. Please note, you should also include the salary for any individual not required to make contributions to the Plan, i.e. have attained 35 years of pensionable service;
- Employee Required Contributions (based on the appropriate contribution rate);
- Employer Required Contributions (based on the appropriate contribution rate);
- Other Employee Contributions, i.e. Purchase of Service, Contributions for period of leave
- Totals showing:
  - Number of members;
  - Total of each contribution type;
  - Total of all contribution types; and
  - Total Salaries.

## REPORTING

### INCOME TAX -T4

To assist you in providing T4s to members, the Pension Adjustment and Registration Number is **0349340**.

### PRE- RETIREMENT LISTINGS

Plannera will provide you with monthly listings to indicate those individuals eligible to retire due to either attaining age 65 in six months, or completing 35 years of service in two months.

If the plan member is completing 35 years of service, but not retiring, you *must cease* contributions after they attain 35 years of service.

Although you will be ceasing contributions, please continue to provide Plannera with their monthly salary when you send in contributions for the balance of your staff.

## ACCEPTABLE DOCUMENTATION

### PROOF OF AGE Primary Documentation

- Birth certificate; or
- Baptismal certificate – baptism must be within five years of birth

### Secondary Documentation

The individual must provide any two of the following:

- A statutory declaration by a parent, brother, sister, aunt, uncle, minister of religion, physician, school teacher or other reputable person having knowledge of the member's date of birth certified by a Notary Public, a Justice of the Peace, or a Commissioner of Oaths. The declaration is to include the reason why there is no primary documentary proof.

If the individual was born in Canada, Great Britain or the United States after it was mandatory to register all births, the statutory declaration must include a statement of search of the Registrar's records to prove that the birth was not registered.

**OR**

- A statutory declaration by the individual certified by a Notary Public, a Justice of the Peace, or a Commissioner of Oaths. The declaration is to include the reason why there is no primary documentary proof.

## ACCEPTABLE DOCUMENTATION

- Census records
- Citizenship and naturalization records
- Communion, confirmation or other church records on official church forms/letterhead
- Educational records, such as school records, diplomas, certificates, etc.
- Employment records which are signed on the letterhead of the company and signed by an official of the company
- Family Bibles and other privately-kept records such as prayer books, provided the complete, original Bible, book or document is submitted
- Homestead and land patent records
- Identity records
- Immigration records
- Insurance records, including life insurance, medical insurance and government annuity records
- Indian treaty and interest pay lists maintained by Indian and Northern Affairs Canada, Native Indian Bank records, etc.
- International Refugee Organization documents
- Marriage records
- Medical and hospital records signed by the physician or medical official
- Military service records
- Passport and border crossing cards
- Pension and superannuation records on letterhead and signed by the appropriate authority
- Public records such as voters' lists, driver's licence records, etc.
- Script for Métis records which are maintained by Indian and Northern Affairs Canada
- Social insurance number application records
- Employment insurance records, which indicated the month and year of birth in code
- Vaccination certificates

## ACCEPTABLE DOCUMENTATION

### PROOF OF RELATIONSHIP

#### Primary Documentation

- Marriage Certificate – including death certificate if spouse has predeceased member
- Divorce Settlement – Court Order, Decree Absolute

#### Secondary Documentation

Need two or three pieces of documentation from:

- Statutory Declaration from the applicant certified by a Notary Public, a Justice of the Peace, or a Commissioner of Oaths. The declaration is to include the reason why there is no primary documentary proof.

Plus one (1) of the following

- Marital status claimed on current ISP benefit, or
- Income tax returns, or
- Commitment certificate, or
- Cohabitation of prenuptial agreement

**OR**

two (2) of the following (plus Statutory Declaration)

- Joint: wills, bank accounts, charge accounts, loans, insurance policies, real estate papers, rental records, bills, receipts or contracts, or
- RRSPs naming each other as beneficiaries in the case of death, or
- Prescription, medical or hospital records indicating the next of kin, or
- Child custody or school records, or
- Records showing the same address, such as driver's license, tax, electoral or census records

### PROOF OF DEATH

#### Primary Documentation

- Death certificate
- Funeral Director's Statement of Death

#### Secondary Documentation

None

**CERTIFICATION OF DOCUMENTS**

A photocopy of any document may be acceptable if certified as follows:

*This photocopy is a true copy of the original document which has not been altered in any way.*

These individuals can certify your documentation:

- Accountant
- Chiropractor
- Commissioner of Oaths
- Dentist
- Doctor
- Employee of a Provincial, Municipal or Civic Department or Agency working in a Human Resources capacity
- Employee of the Plannera Pensions & Benefits (Plannera)
- A representative of the individual's employer
- Funeral Director
- Justice of the Peace
- Lawyer/Solicitor
- Magistrate
- Manager of a Financial Institution
- Member of Provincial Legislature (or their staff)
- Member of Parliament (or their staff)
- Minister of Religion
- Municipal Clerk
- Notary
- Official of a country with which Canada has a reciprocal Social Security Agreement
- Official of an Embassy, Consulate or High Commission
- Pharmacist
- Police Officer
- Postmaster
- Professional Engineer
- Social Worker
- Teacher

The person certifying the photocopy must give their official position or title, sign or print their name, telephone number and the date they certified the document.

The person certifying the documents should not hold the same position as individual in the same entity (a social worker employed by a particular branch of the government cannot certify for another social worker employed by the same branch).