

GUIDE FOR PSSP PURCHASE QUESTIONNAIRE

This Questionnaire is used by NS Pension to assess a employee's eligibility to purchase service in the Public Service Superannuation Pension Plan (PSSP). It must be completed by the employee's former employer or pension plan administrator and provided to NS Pension.

SERVICE ELIGIBILITY GUIDELINES

- **Minimum Service Requirement:** To be eligible to purchase service, the employee must have a minimum of **four months of consecutive service**.
 - o **Service must be continuous** - this means no breaks in service such as termination of employment, unpaid leaves, or seasonal breaks.
 - o If an employee has a break in service and subsequently returns to work, their return marks the start of a new period of service. This must be listed as a separate period of service on the form.
- **Minimum Work Percentage:** The employee must have **worked a minimum of 40%** to qualify for a purchase.
 - o This percentage is calculated by dividing the employee's **actual hours worked** by the employer's defined **full-time hours** for the period.
- **Time Limit for Purchases:** To be eligible to purchase service, **the service must be purchased within 20 years of the end date of the period of service**.
 - o An exception applies during the initial transition period when a new employer joins the PSSP. Eligible employees are granted a one-time opportunity to purchase service greater than 20 years from the end date of the period of service.
- **Eligible Service Dates:** Only service **accrued after December 31, 1989**, is eligible for purchase.
 - o Service **before this date should not be included** on the form.

IMPORTANT!

The employee must complete and sign the **Member Information** section of the form.

Member Information – to be completed by member		
Social Insurance Number:	Last Name:	First Name:
Address:		
Town/City:	Province:	Postal Code:
I hereby authorize for release to the Nova Scotia Pension Services Corporation, any information requested by this form regarding the time, duration, and pensionable status of my former employment with your organization. I also authorize the release of information held by the pension plan administrator.		
Signature of Employee	Date	Telephone Number

The employee must submit the completed form to their former employer or pension plan administrator for processing.

See page 2 for detailed instructions on how to complete the questionnaire...

Employer/Plan Administrator Must Complete the Following Sections

To avoid delays, please ensure all sections are complete before submitting. Incomplete forms will be returned.

Enter the employer's name and the start and end dates of the employee's participation in the PSSP.

Employment Status – Indicate whether:

- Complete each row for the corresponding years of service being purchased.

- Page 2 of 3

Plan Membership Status

Indicate whether the employee's benefits remain in their former pension plan:

- **Select Yes:** If the employee is still entitled to benefits.
- **Select No:** If benefits have already been transferred out, specify how they were dispersed in the space provided.

Pension Division and Fund Removal – Answer the following:

- Was there a **division of pension benefits**?
- Does the plan **allow the employee to remove funds** if benefits are deferred?
- If **funds cannot be removed**, the employee is **not eligible** to purchase prior service.

Pension Plan Information			
Is the employee still entitled to benefits from the plan?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No – Indicate the type and amount of benefit paid, for example the amount of member contributions and interest; commuted value; excess contributions, and the period of service the benefit applied to.			
Type of Benefit (Please indicate Cash or RRSP)	Amount Paid	Period of Service (Dates)	
		Pre 1990	Post 1989
	\$		
	\$		
	\$		
Was there a division of pension benefit?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details.			
Do you permit a member to remove funds from the plan if the pension benefit is deferred?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, the member is not eligible to purchase the prior service.			

Final Certification – Ensure all required fields are completed.

- The provided information **may be required for further verification** or follow-up.

Certification	
The information provided in this questionnaire is certified to be correct.	
Authorized Signing Officer (print)	Title
Authorized Signing Officer (sign)	Telephone Number
Date	Contact Email Address

For any questions or further clarification, please contact us at:

Email: info@nspension.ca

Phone: 902-424-5070