



Rainy River District Social Services Administration Board

450 Scott Street
Fort Frances, ON
P9A 1H2

Ph: (807) 274-5349
Fax: (807) 274-0678
Toll Free: 1-800-265-5349

- Children's Services
- Land Ambulance
- Ontario Works
- Social Housing

Contribution Election Form

- WSIB** **Sick Leave** **Pregnancy/Parental** **Other:** _____

Yes I, _____, wish to continue my contributions to the RRDSSAB OMERS Pension Plan for my missed contribution period from _____ (mth/day/year).

I understand that by making this election, my employer will also make their required contributions for this absence.

I understand that should I discontinue paying my contributions during this period, I will not be able to resume payment for this absence later.

If my payment or alternative arrangements are not received by the Finance Department by the first of the month in which the payment is due, my eligibility to make contributions during this absence may be automatically discontinued.

No I do not wish to make contributions to the RRDSSAB OMERS Pension Plan during my extended period of absence. I further understand that the employer will not make contributions on my behalf.

By making this election, I understand that I will not receive credited pension service during this absence unless I choose to buyback this portion upon my return.

ENDORSEMENT OF CONTRIBUTIONS ELECTION	
Employee Signature:	Date:

Revised: March 20, 2017

- Copy to Human Resources Officer