



Rehired Members Election Form

(Please Print Clearly)

I, _____ (printed name of member), am a member of the Universities Academic Pension Plan (the "Plan") and I am currently receiving a pension benefit from the Plan.

I am going to start a new period of employment with _____ (name of participating employer) on _____ (date of return to employment).

Please choose one of the following options:

Option 1:

I elect to continue receiving a pension benefit from the Plan.

I understand that if I choose to continue receiving my pension benefit from the Plan, I will not be entitled to make any Current Service Contributions nor accrue any Pensionable Service under the Plan for the period of my re-employment.

Option 2:

I elect to suspend my current pension benefit from the Plan.

I understand that if I choose to suspend my current pension benefit from the Plan, I will be entitled to make Current Service Contributions and accrue Pensionable Service under the Plan for the period of my re-employment. I further understand that my suspended pension benefits, including any bridge benefits, will not be remitted to me at a later date (i.e. pension benefits suspended during the period of re-employment will be forfeited).

Member Signature

Date

Witness Signature

Date

Note: Please return this form to your Employer for updating of your administration records.