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MISSED CONTRIBUTION OR EMPLOYMENT STATUS CHANGE OR NEW SIN

 To be completed by the employer. Once you learn that an employee will be taking a leave, has reached CRA maximum dollar limit, has a new SIN #, or employment status has changed please complete this form by selecting applicable boxes. 							
Check one:	Missed con	tribution(s)	Employm	nent status chang	е	New SIN number	
Employer:							
Employee name:				Social Insurance	e Number:		
Section A: Leave							
Start day of lea		ld/mm/yyyy		Expected date of return:		dd/mm/yyyy	
Select leave typ	oe: Parental	Maternity	Sick	Workers'	Comp	Disability	
	Lay off	Leave of abs			d vacation	Education leave	
Note: This form is only required at the start of the leave, not each pay period.							
Section B: Other							
☐ CRA maximum dollar limit ☐ Other				Less than full-time (part-time, casual, seasonal)			
(please specify)							
Section C: New SIN							
Old SIN		Ne	w SIN				
Section D: Terminated/retired/transferred to other CO-OP or credit union							
Do not complete this form, please complete an Employee Termination Notice (ETN) instead. Download ETN							
NOTE: Please send completed form to CSS Pension Plan by fax or upload PDF through myCSSPEN for employers online portal.							
Employer representative's name				esentative's pho	ne	Date	
						dd/mm/yyyy	

Privacy notice: Personal information on this form is collected under the authority of relevant privacy legislation for pension administration purposes. Please review the Privacy Policy as posted to the CSS Pension Plan's website. If you have questions regarding the collection of this information, write to:

CSS Pension Plan ATTN: Privacy Officer 5th Floor – 333 3rd Avenue N PO Box 1850 Saskatoon, SK S7K 3S2