

Request for a pension reduction waiver under the Public Service Superannuation Act

Privacy notice

The personal information is collected on a voluntary basis pursuant to the *Public Service Superannuation Act* (PSSA). The personal information will be used by the Receiver General and Pension branch of Public Services and Procurement Canada (PSPC) for the purpose of verifying that the employee meets the requirements for receipt of an unreduced annual allowance. The personal information is described in the Personal Information Bank Number <u>PWGSC PCU 702 – Federal pension administration</u>. Your personal information is protected, used, and disclosed in accordance with the <u>Privacy Act</u>. Under the *Privacy Act*, you have the right to access and correct your personal information, if erroneous or incomplete. The personal information provided in this form will be retained for a period of minimum 2 years after the last administrative action. If you require clarification about this privacy notice, you may contact the Public Services and Procurement Canada's Access to Information and Privacy Directorate by email at <u>TPSGC.ViePrivee-Privacy.PWGSC@tpsgc-pwgsc.gc.ca</u>. If you are not satisfied with the response to your privacy concern or if you want to file a complaint about the handling of your personal information, you may wish to contact the <u>Office of the Privacy Commissioner of Canada</u>.

Instructions

This form must be completed by the Deputy Head (generally the Deputy Minister, Chief Executive Officer, or Statutory Deputy Head), or a person with the delegated authority. The form is used to confirm that upon termination of employment from the public service, the pension reduction waiver requirements have been met to qualify an individual for a pension reduction waiver under the *Public Service Superannuation Act* (PSSA).

A pension reduction can be waived when a retirement is involuntary and when the related requirements are met.

Note: A pension reduction waiver can't be used to:

- encourage a voluntary early retirement instead of a demotion or termination.
- avoid a pension reduction in the case of an involuntary termination for unsatisfactory performance or discipline.
- avoid a pension reduction in the case of an early retirement due to a voluntary termination.
- avoid a pension reduction in the case of a voluntary early retirement because of health reasons that don't meet the definition of "disability" under the PSSA.

For involuntary retirements not related to workforce adjustment instruments or career transition agreements, please contact the Treasury Board Secretariat (TBS) before completing this form.



Plan member's information					
First name	Last name				
Personal Record Identifier (PRI)					

Age, employment, and pensionable service requirements

Age requirement (at end of employment)

- If the person became a plan member before January 1, 2013, they must be at least 55 years old at the end of their employment.
- If the person became a plan member on or after January 1, 2013, they must be at least 60 years old at the end of their employment.

Employment requirement

The plan member must have been employed in the public service for a period or periods of at least 10 years total.

Pensionable service requirement

The plan member must have at least 2 years of pensionable service.

Note: The Government of Canada Pension Centre will advise the Deputy Head or their delegate if the requirements aren't met.

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Workforce adjustment for a plan member who became surplus

If the plan member is an executive, a Governor in Council (GiC) appointee or a ministerial appointee, go to the next section (Executives, GiC appointees or ministerial appointees).

- 1. Did the head of the organization determine that the services of the plan member were no longer required because of:
 - a lack of work,
 - the discontinuance of a function,
 - a relocation of a work unit for which the plan member didn't want to relocate, or
 - an alternative delivery initiative,

as set out in the applicable workforce adjustment instrument?

- Yes (check only 1 of the following 2 boxes)
 - National Joint Council's Work Force Adjustment Directive
 - Another workforce adjustment instrument (provide details, such as the applicable collective agreement or policy):
- No (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
- 2. What was the plan member's employment status?
 - Indeterminate employment or employment protected under a collective agreement prior to being affected by the workforce adjustment
 - Indeterminate employee who accepted a term position during their surplus period
 - Alternate under the terms of a workforce adjustment instrument

•	Other:			

- 3. Did the plan member receive a guarantee of a reasonable job offer as defined in the workforce adjustment instrument that applies to them?
 - Yes (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
 - No
- 4. Was the plan member approved to receive an educational allowance under the workforce adjustment instrument?
 - Yes (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
 - No



- 5. Did the plan member receive involuntary departure benefits that were greater than those available to employees under the National Joint Council's *Work Force Adjustment Directive*?
 - Yes (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
 - No
- 6. Did the plan member receive compensation to offset the pension reduction?
 - Yes (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
 - No



Executives, GiC appointees or ministerial appointees

Only complete this section if the plan member was an executive, a Governor in Council (GiC) appointee or a ministerial appointee.

- 1. Did the plan member negotiate and receive compensation to offset the pension reduction?
 - Yes (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
 - No

Executive

- 2. Did the executive negotiate a career transition agreement because of:
 - a lack of work,
 - · the discontinuance of a function, or
 - the transfer of work or a function,

as set out in the applicable directive or instrument.

- Yes (check only 1 of the following 2 boxes)
 - Directive on Terms and Conditions of Employment for Executives
 - Another workforce adjustment instrument (provide details such as the applicable directive or policy):
- No (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
- 3. Did the executive negotiate a bridging agreement to accommodate additional service or to facilitate permanent employment outside of the organization, as defined in the applicable career transition agreement?
 - Yes (Don't submit the request because the plan member doesn't qualify for a pension reduction waiver.)
 - No

GiC or ministerial appointee

- 4. Was the position eliminated?
 - Yes
 - No (Don't submit the request because the plan member doesn't qualify for a pension waiver.)



Certification

I certify that the information given above is complete and correct. I understand that this certification isn't an approval of the pension reduction waiver and doesn't guarantee that the pension reduction waiver will be accepted. The Government of Canada Pension Centre will advise the Deputy Head or their delegate if the circumstances of the workforce adjustment don't meet the requirements for a pension reduction waiver.

If a Deputy Head completes this form, the Government of Canada Pension Centre can process the form without any additional documents.

If a delegated authority completes this form, they **must** attach a copy of the Deputy Head's delegation instrument. The Government of Canada Pension Centre **can't** process this pension reduction waiver form until they receive it.

Note: The delegation instrument **must** indicate the position title of the person being delegated, the authority, and the period the delegation will be in effect.

Title (Deputy Head or delegated authority)	Organization			
First and last name (printed)				
Signature				
Address				
First and last name of contact person (printed)				
Telephone number of contact person	Email address of contact person			