



# EMPLOYER TERMINATION NOTICE MONTHLY REPORTING

NAME OF EMPLOYER

SOCIAL INSURANCE NUMBER

MEMBER'S DATE OF BIRTH

Year	Month	Day

ATRF BOARD NO.

NAME OF ATRF PLAN MEMBER  
SURNAME

GIVEN NAME AND INITIAL

SCHOOL YEAR

START OF SCHOOL YEAR

Year	Month	Day

This member was paid according to the salary agreement for:

TEACHERS   
(200 DAY)

ADMINISTRATORS   
(260 DAY)

Please complete A or B as applicable, and provide all salary information in the table below. You are only required to report new records not previously submitted to ATRF, or adjusted records for previously reported periods.

A. Our records indicate this member's actual OR anticipated termination date is:

Year	Month	Day

B. This member has a Termination, Death, or Payout Record where Pensionable Salary Paid = \$0.00. The actual OR anticipated termination date is:

Year	Month	Day

eg.	Stat Code	Eff Date dd/mm/yyyy	Dys/Mth	Dys/Yr	Dys Pd	Dys Miss	FTE	FT-MRS	PT-MRS	PSP	CP	Spec Code
	NT	31/05/1998	21.0000	199.0000	21.0000	0.0000	1.0000	3000.00	3000.00	3000.00	265.00	20

**NOTE - If you have additional records to report attach a signed letter with the required information.**

I certify that the actual or projected service, salaries, contributions, and other data provided are accurate according to our accounting and personnel records. Further, I understand that this information will be used to generate either a pension or a termination benefit to the terminated employee. If it is inaccurate, the employer will be liable for any shortfall of contributions.

Completed by (please print) \_\_\_\_\_

Position \_\_\_\_\_

Telephone no. \_\_\_\_\_

Fax no. \_\_\_\_\_

Signature of Authorized Signing Officer \_\_\_\_\_

Position \_\_\_\_\_

Printed Name of Authorized Signing Officer \_\_\_\_\_

Date \_\_\_\_\_

## Alberta Teachers' Retirement Fund Board

600 Barnett House, 11010 142 Street NW, Edmonton AB T5N 2R1

Tel 780 451-4166 Fax 780 452-3547 Toll Free 800-661-9582 www.atrf.com