

Personal Information

Please use ink and print clearly. If ATRF has not verified your date of birth, please enclose legible copies of your proof of age documents with this application.

_____		_____	
ATRF ID Number		Social Insurance Number	
_____		_____	
Name Last		First	Middle Initial
_____		_____	
Address Street		Date of Birth	_____
_____		yyyy	mm dd
City		_____	
_____		Telephone Home	
Province	Postal Code	_____	
_____	_____	Telephone Work	
Email Personal		_____	
_____		Telephone Cell	

Purchase Type

Indicate below the type of service to purchase and complete the Purchase Type Details on page 2 of this form.

- Substitute service
- Employer-approved leave of absence
- Parental leave of absence
- Previously refunded service
- Reciprocal transfer shortage
- Period of disability that occurred before September 1992
- Past Private School service

ATRF Employer

Name of Current or Last ATRF Employer

Applicant's Signature

Signature

Current Date _____

yyyy mm dd



SERVICE PURCHASE APPLICATION – PURCHASE TYPE DETAILS

Please forward this application directly to ATRF

Purchase Type Details

Substitute Service

- I am currently contributing to ATRF or accruing service as a disabled member.
- I am not contributing to ATRF or accruing service as a disabled member.

Indicate amount of service to purchase:

- All substitute service on file
- Amount of service to purchase: _____ year(s)

Attach a letter from your employer confirming the number of days before September 1, 1997.

- Already provided

Employer Approved Leave

- School year(s): _____ to _____
- Amount of service to purchase: _____ year(s)

Attach a letter from your employer confirming leaves **before** September 1, 1997.

- Already provided

Parental Leave

- School year(s): _____ to _____
- Amount of service to purchase: _____ year(s)

Attach a letter from your employer confirming leaves **before** September 1, 1997.

- Already provided

Previously Refunded Service

- School year(s): _____ to _____
- Amount of service to purchase: _____ year(s)

Reciprocal Transfer Shortage

Indicate amount of service to purchase: _____ year(s)

Period of Disability before September 1, 1992

- School year(s): _____ to _____
- Amount of service to purchase: _____ year(s)

Attach a letter from the insurance company that paid your disability benefits confirming the dates that you were paid disability benefits.

- Already provided

Past Private School Service

- School year(s): _____ to _____
- Amount of service to purchase: _____ year(s)

Attach a statement from the private school(s) verifying the period of service.

- Already provided