

# **SERVICE PURCHASE APPLICATION**

Personal							
Information	ATRF ID Number	Social Insurance Number					
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.	Name Last	First	Middle Initial		Initial		
		Date of Birth					
	Address Street		уууу	mm	dd		
	City	Telephone Home					
	Province Postal Code	Telephone Work					
	Email <i>Personal</i>	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 This certifies that I have read the information on the reverse of this form and want to receive more information on the purchase type selected.

	Current Date			
Signature		уууу	mm	dd

Personal information on this form is collected under the authority of section 25 of the Alberta Teachers' Pension Plans Act and sections 33(a) and 33(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering benefits under the Teachers' and Private School Teachers' Pension Plans. If you have any questions regarding the collection of this information, contact ATRF at 1-800-661-9582 or by mail at 500 Barnett House, 11010 142 Street NW, Edmonton, AB, T5N 2R1



## 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): <u>to</u>
- 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): <u>to</u>
- 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): <u>to</u>
- Amount of service to purchase: \_\_\_\_\_ year(s)

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

Already provided

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