

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 <i>Last</i>	<div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Middle Initial</i> </div>			
Address <i>Street</i>	Date of Birth <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border-right: 1px solid black; width: 40px; text-align: center;">yyyy</td> <td style="border-right: 1px solid black; width: 40px; text-align: center;">mm</td> <td style="width: 40px; text-align: center;">dd</td> </tr> </table>	yyyy	mm	dd
yyyy	mm	dd		
City	Telephone <i>Home</i>			
<div style="display: flex; justify-content: space-between;"> Province Postal Code </div>	Telephone <i>Work</i>			
Email <i>Personal</i>	Telephone <i>Cell</i>			

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

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.

Signature	Current Date <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border-right: 1px solid black; width: 40px; text-align: center;">yyyy</td> <td style="border-right: 1px solid black; width: 40px; text-align: center;">mm</td> <td style="width: 40px; text-align: center;">dd</td> </tr> </table>	yyyy	mm	dd
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