

Pension Contribution Change Form

Academic Staff Pension Plan



Employee Number:	Surname:	First Name and Initial:	
Department:	Email:	Phone:	

Eligibility:

Eligible full-time Faculty Members with 20 or more years of service who are contributing at the required rate of 5.5% of pensionable earnings will attract a Western contribution of 9%. Members contributing at a required rate of 1.5% may make an irrevocable election to contribute at the required rate of 5.5%.

Contribution Change:

I hereby elect to change the rate of my required employee pension contribution to the Academic Staff pension plan from 1.5% to 5.5% of my pensionable earnings effective _____. I understand that this election is irrevocable and remains in place until termination of employment or retirement.

I further acknowledge:

- That with this election, the employer contribution rate will change from 8.5% to 9.0% if I have attained at least 20 years of Full-Time service;
- This change will not affect my current investment instructions;
- This increase in required contributions may reduce my ability to make additional Voluntary Contributions. I will review and make any changes to my Voluntary Contributions through Sun Life, either online in my personal account at mysunlife.ca/western or by phone at 1-866-733-8612; and
- That it is my responsibility to review my payroll and pension statements and inform Human Resources immediately in writing of any discrepancy between this election and my statements.

Signature of Plan Member

Date

Please send your completed form to:
Western University - Human Resource Services
4159 Support Services Building London, ON N6A 3K7
or by email at hrhelp@uwo.ca

Note: If this form is received by the 15th of the month indicated above, the changes will take effect for that month.

OFFICE USE ONLY

Flagged: _____ Date: _____ Entered: _____ Date: _____ ID# _____ Verified: _____ Date: _____