



CHILD-REARING DECLARATION

PERSON ID

INFORMATION:

- This signed declaration is required for claiming credit for child-rearing.
- We will credit you with contributory service for your child-rearing time when we receive this declaration and confirm your eligibility.
- **You must include clear copies of your child's/children's birth certificate(s) or adoption paper(s) with this completed declaration.**
- For eligibility requirements and other information, visit the plan website.
- **Please Note:** If the employment prior to the child-rearing period was another teacher's pension plan in Canada, the Pension Corporation requires proof that your service and contributions remain on deposit with that plan.

Teachers' Pension Plan

PO Box 9460

Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web tpp.pensionsbc.ca

Toll-free in BC

1 800 665-6770

Fax

250 356-8977

Email

TPP@pensionsbc.ca

PLAN MEMBER LAST NAME <i>(please print)</i>		PLAN MEMBER FIRST NAME	
PLAN MEMBER PREVIOUS LAST NAME(S) <i>(if any)</i>		PHONE NUMBER	
HOME ADDRESS <i>(include apartment # if applicable)</i>	CITY	PROVINCE	POSTAL CODE
EMPLOYER NAME <i>(prior to the child-rearing period)</i>		EMPLOYER NO. <i>(if known)</i> <i>(prior to the child-rearing period)</i>	
PENSION PLAN NAME <i>(prior to the child-rearing period)</i>			

Pension Plan contribution dates <i>(prior to the child-rearing period)</i>	from	YYYY-MM-DD	to	YYYY-MM-DD
---	------	------------	----	------------

CHILD-REARING CREDIT

I declare that, during the periods noted at the right, I quit work or took an employer-approved full-time leave of absence to directly and actively care for my own child/children under the age of seven and that during that time I did not contribute to the Canada Pension Plan.

	from	YYYY-MM-DD	to	YYYY-MM-DD
	from		to	
	from		to	
	from		to	

FULL NAME OF CHILD/CHILDREN	DATE OF BIRTH YYYY-MM-DD

☐ I have enclosed clear copies of my child's/children(s) birth certificate(s) or adoption paper(s) with this completed declaration.

PLAN MEMBER SIGNATURE	DATE SIGNED YYYY-MM-DD
-----------------------	---------------------------

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.