

CHILD-REARING DECLARATION

PERSON ID	
College Pension Plan PO Box 9460 Victoria BC V8W 9V8	
Location 2995 Jutland Road, Victoria	
Web college.pensionsbc.ca	
Toll-free in BC	1 888 440-0111
Fax	250 953-0412
Email	CPP@pensionsbc.ca

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.

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

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 any registered pension plan.

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