WCB and Maternity / Parental Leave
DC Pension Contributions

Employee Information

ID (*)	First, Middle Name (*)	Last Name (*)

Employee Group / Sub Group	Location	
Type of Leave	**Start Date (dd/mmm/yyyy)**	**End Date (if applicable)**

Pension Details

In accordance with the collective agreement/policy, you are eligible to make contributions based on your earnings during your leave of absence. As per the collective agreement/policy your pension is:

EE Portion:	_____%	ER Portion:	_____%

If you wish to make contributions to the pension plan during your leave of absence, please provide the following:

- Proof of your earnings while on Leave (Please provide benefit amount paid in case of WCB Leave – Maternity/Parental leave contributions should be calculated based on the salary prior to leave)
- Postdated cheques made payable to Labatt Brewery of Canada LP
- The cheques must be submitted to the following address:

Att. PBS – Rewards
445, Export Blvd
Mississauga, ON L5S 0A1

Employee Option (to be filled by employee)

I, _____ have received the information above and understand my rights regarding pension. My option is as follows:

☐ (Applicable to Hourly and Salaried Employees) - I do not wish to make personal contributions to the plan during my leave of absence; therefore, I understand that Labatt Brewery of Canada will not make any additional contributions during my leave of absence.

☐ (Creston – MPP/Old DC group) - My benefit payable by Workers Compensation Board is $ _____. I do not wish to make any personal contributions to the plan during my leave of absence. I understand that only the mandatory employer portion of 5% will be contributed on my behalf.

☐ Postdated cheques in the amount of $ _____ for a period of _____ months have been issued to Labatt Brewery of Canada for my personal contribution. I'm aware the company will match my contribution according to the policy. Should I stay on leave for an extended period of time, new postdated cheques will be submitted in order to continue my contribution. If I return to work early, any remaining postdated cheques will be returned to me.

_____ _____ / _____ / _____

Signature

Please submit this form to your People Manager (Maternity/Parental leave cases) or Disability Specialist (WCB) once completed. In case you want to contribute for the Pension Plan please send the cheques to the address above to PBS – Rewards attention.