



## RETIREE FUTURE EMPLOYMENT ACKNOWLEDGEMENT DOCUMENT

---

I, \_\_\_\_\_, a Participant under the Christian Education Pension Plan (the “Plan”) who retired or is retiring effective \_\_\_\_\_ and who currently receives or will be receiving monthly pension benefits from the Plan in respect of a prior period of service, acknowledge that I have been advised of the Plan rules with respect to future employment with a school that participates in the Plan, and agree to continuously abide by such rules.

Specifically, I acknowledge that:

- I have received a copy of the Plan provisions with respect to the Suspension of Benefits which govern pension recipients who are re-employed by a participating employer;
- in accordance with such Plan provisions, should I become an individual who is receiving a pension from the Plan and who provides services for compensation to a participating employer in the Plan (a “Rehired Retiree”), upon the later of me either (1) working 60 full time equivalent days in the school year; OR (2) earning more than 35% of the Years Maximum Pensionable Earnings during a school year my pension payments from the Plan shall be suspended and forfeited for the duration of the re-employment period;
- I will be required to recommence active participation in the Plan in accordance with the Plan provisions regarding a Rehired Retiree;
- The pension payments will be suspended for each month in which re-employment occurs but any suspension will not continue beyond August 31 in each school year; and
- The determination whether to suspend pension payments of a Rehired Retiree re-commences each September 1st.

I further acknowledge that:

- I will earn a separate, additional pension in respect of the earnings received and service accrued during the re-employment period which shall be determined in accordance with the terms of the Plan in effect at my subsequent retirement date; and
- When my suspended pension resumes it will be without adjustment.

I agree that I shall:

- retain a copy of any signed Acknowledgment Document and that it is my responsibility to provide at date of hire a separately signed Acknowledgement Document to each and every participating employer in the Plan that subsequently hires me; and
- monitor my employment time and earnings in each school year and to inform my employer and the Plan Administrator immediately upon reaching the threshold set out in the Plan provisions and as repeated in the preceding paragraph.

I understand that if I fail to abide by the Plan rules with respect to the Suspension of Benefits by, including but not limited to:

- not providing a copy of this Acknowledgement Document to each employer who subsequently hires me in each school year;
- not monitoring work days and cumulative earnings in each school year; or
- not informing the Plan Administrator when the suspension threshold has been reached in each school year,

I may be subject to appropriate corrective measures implemented on a current or retroactive basis by the Plan Administrator to ensure that the Plan provisions as registered with the Regulatory Authorities are adhered to, and that the Plan remains compliant with applicable legislation. I understand such measures include, but are not limited to, the repayment of pension benefits received after the work or earnings threshold has been reached, and the repayment into the Plan of contributions missed in respect of the pension repayment period.

I have read and understood this Acknowledgement Document and the enclosed Plan provision describing Suspension of Benefits.

I am returning this Acknowledgement Document duly signed and dated to the Plan Administrator and have retained a copy for my own records.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Name)