

# Pension Contribution Change Form

## Academic Staff Pension Plan



<b>Employee Number:</b>	<b>Surname:</b>	<b>First Name and Initial:</b>	
<b>Department:</b>	<b>Email:</b>	<b>Phone:</b>	

### 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](https://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 [submit your completed form to Human Resources using ASK HR](#)  
or to Western University - Human Resource Services  
4159 Support Services Building London, ON N6A 3K7

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

#### OFFICE USE ONLY

Flagged:  Date: \_\_\_\_\_ Entered:  Date: \_\_\_\_\_ ID# \_\_\_\_\_ Verified:  Date: \_\_\_\_\_