

Part A - Information on active or non-active member

In order to protect the confidentiality of your personal information, CARRA cannot send your pension estimate by fax.

You cannot apply for a pension estimate if you went back to work after retirement. We will revise your pension when you cease working again.

This does not apply to RREGOP pensioners who have returned to work since they do not participate in any plan and receive their full pension.

If you filed another application for a pension estimate during the last year, please note that the two retirement dates requested must be at least 6 months apart.

1. Identification of member

Form fields for identification: Last name, First name, Social insurance number, Name at birth (if different), Sex (Feminine/Masculine), Date of birth (Year, Month, Day).

2. Address

Form fields for address: Number, Street, avenue, boulevard, Apartment, P.O. Box, Postal station, City, town, municipality, Province or State, Postal code, Country.

3. Other contact information

Form fields for other contact information: Area code Telephone at home, Area code Telephone at work, Extension, Area code Cell phone, Language of correspondence (French/English).

Part B - Basis of estimate

Form fields for basis of estimate: Estimated date of retirement (Year, Month, Day), Pension plan.

Do you currently receive salary insurance benefits for disability?

Response options: Yes/No with Year, Month, Day fields.

If you answered "Yes", enter the date disability began:

Date field for disability start.

Do your work conditions provide that your employment relationship will end at the end of the 2nd year of exemption from contribution? (This information may be obtained from your employer.)

Response options: Yes/No with Year, Month, Day fields.

If you answered "Yes", enter the date exemption will end:

Date field for exemption end.

Comments:

Horizontal lines for entering comments.

Signature of member field.

Date field (Year, Month, Day).

Part C - Information on the person authorized to receive the documents requested

Complete Part C if you want a copy of your pension estimate and explanatory letter to be provided to your representative.

1. Identification of representative

Last name First name
Sex
 Feminine Masculine _____
Title

Your representative must be a physical person and not an agency or a firm since only a physical person may represent another physical person.

Contact information of the representative's firm and type of firm:

Insurer Financial advisor Employer Union Other: _____

Department Firm's name

2. Address

Number Street, avenue, boulevard Apartment P.O. Box Postal station

City, town, municipality Province or State

Postal code Country

3. Other contact information

Area code Telephone at home (if applicable) _____
Area code Telephone at work _____
Extension

Member's authorization

I hereby authorize CARRA to send a copy of my pension estimate and, as the case may be, my explanatory letter to the person identified in Part C.

Signature of member

Date
Year Month Day

In this form, the masculine is taken to include the feminine.

Your application for pension estimate will be returned to you if it is not signed. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c. A-2.1), the information will be disclosed only to authorized agents. The Act allows you to examine your personal information and ask for correction.

418 643-4881 (Québec region)
1 800 463-5533 (toll free)

Please return this form to:

**Commission administrative des régimes
de retraite et d'assurances
475, rue Saint-Amable
Québec (Québec) G1R 5X3**