

## GENERAL INFORMATION

This guide is provided for information purposes only and does not supersede the applicable laws and legislations. We suggest you read it **carefully** as it contains the answers to most questions you may have regarding this application form.

This form is prescribed under section 150 of the Act Respecting the Government and Public Employees Retirement Plan (CQLR, chapter R-10). Its use is compulsory for all the public sector pension plans that we administrate, except the Pension Plan of Elected Municipal Officers (PPEMO) and the Pension Plan of the Members of the National Assembly (PPMNA).

**However, it cannot be used to apply for the transfer**, of the value of the pension accumulated under the plans we administer to a locked-in retirement account (LIRA) or a life income fund (LIF). **For such a transfer**, you must fill out the *Application for a Retirement Pension (079A)* form.

If your application for reimbursement pertains to the Government and Public Employees Retirement Plan (RREGOP), the Pension Plan of Management Personnel (PPMP) or the Pension Plan of Peace Officers in Correctional Services (PPPOCS), **we will automatically calculate the benefits to which you are entitled under those plans**. For instance, a person could be entitled to a refund of his or her contributions to the PPPOCS, and to a deferred pension payable at age 65 under the RREGOP. The two amounts would be determined at the same time as his or her refund.

### What can be refunded?

You can obtain the refund of the **contributions** you paid in your pension plan, but only under the conditions described below. You will also obtain the refund of the **interest** accrued on your contributions under the RREGOP, the PPMP, the Retirement Plan for Active Members of the Centre hospitalier Côte-des-Neiges (RPCHCN), the Pension Plan for Federal Employees integrated to employment with the Gouvernement du Québec (PPFEQ), the Superannuation Plan for the Members of the Sûreté du Québec (SPMSQ), the Pension Plan of the Judges of the Court of Québec and of Certain Municipal Courts (PPJCQM) and the Pension Plan of Certain Teachers (PPCT).

### What are the conditions to obtain a refund?

- You must **have ceased holding a position covered** by one of the plans we administer and have **no employment relationship** with an employer covered by those plans. If you hold more than one job, you must resign from all of them.
- If you are a casual employee whose name is on a recall list, you must inform your employer that you want your name removed from that list.
- If you were a member of the **RREGOP**, the **PPMP**, the **PPCT** or the **PPPOCS**, you must no longer have an employment relationship with an employer covered by those plans since at least 210 days following the date of the end of your employment.
- If you were a member of the **RREGOP** or the **PPMP**, you had to be under age 55 **AND** have less than 2 years of service on the date of the end of your employment.
- If you were a member of the Teachers Pension Plan (**TPP**) or the Civil Service Superannuation Plan (**CSSP**), you had to have less than 10 years of service on the date of the end of your employment.
- If you were a member of the **PPPOCS**, you had to be under age 60 **AND** have less than 2 years of service on the date of the end of your employment.
- If you were a member of the **PPCT**, you had to be under age 45 **OR** have less than 10 years of service on the date of the end of your employment.
- If you were a member of the **PPJCQM**, you had to have less than 2 years of service when you left office, not be eligible to an immediate or deferred pension, and you did not transfer your years of service in another pension plan. If you were a member of the **SPMSQ**, you had to meet one of these three sets of requirements when you left your job:
  - to be under age 60 **AND** have less than 2 years of service; **OR**
  - to be under age 60 **AND** have between 2 or more years of service and less than 10 years of service, and not have chosen a deferred pension; **OR**
  - to be under age 45 **AND** have between 10 or more years of service and less than 20 years of service, and not have chosen a deferred pension.

**What if your membership in the RREGOP ceased before January 1, 1991, or your membership in the PPPOCS, before January 1, 2003?**

You could be eligible for a refund of your contributions under the conditions in force at the time. Simply contact us and we will inform you of your rights.

**What if you had more than one employer during the last two years?**

You must complete an application for reimbursement form for **each employer** with whom you had an employment relationship during a part or all of the last two years.

**INFORMATION ON EACH PART OF THE APPLICATION FORM**

**Part A – Identification of the non-active plan member**

You must provide the information that identifies you as a non-active plan member.

**Part B – Information pertaining to the application**

**1. Name of the pension plan**

You must enter the name of the plan that pertains to your application for reimbursement.

**2. Multiple employment**

If, during a same year, you held more than one position relevant to the RREGOP, the PPMP, the PPCT or the PPPOCS, for the same employer or various employers, you must have left all your positions to obtain a refund of the contributions accrued in those plans.

**Part C – Document to attach to your application**

Please verify that the requested documents are attached to your application before submitting it.

- **Proof of birth (if you reside outside of the province of Québec)**

To know about the accepted proofs, consult the Forms section on our website.

If you send us an original document, it will be returned to you promptly.

**Part D – Signature of the non-active plan member**

Your application will be returned to you if you have not signed it.

**Access to Documents Held by Public Bodies and the Protection of Personal Information**

The personal information collected in this form and, if applicable, the annexed documents are necessary to study your application. Only our authorized personnel will have access to it when necessary to carry out their duties.

Other than the optional sections, failure to provide the requested information can cause a delay or the refusal of your application.

The Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information allows you to consult your personal information and have it corrected.

**Part E – Employer information**

You must have this part filled out by each employer for whom you worked during part or all of the last two years.

**Part A – Identification of the non-active plan member**

\* You will find your identification number on your statement of participation for public sector pension plan.

|   |  |                |  |                         |  |
|---|--|----------------|--|-------------------------|--|
| _____   |  | _____          |  | _____                   |  |
| Last name   |  | First name     |  | Identification number*  |  |
|   |  | Year Month Day |  |                         |  |
| _____   |  | _ _ _ _        |  | _ _ _ _ _ _ _ _         |  |
| Name at birth (if different)                                  |  | Date of birth  |  | Social insurance number |  |
| Gender  |  |                |  |                         |  |
| <input type="checkbox"/> Female <input type="checkbox"/> Male |  |                |  |                         |  |

**Address**

|              |  |  |  |                                 |  |                                  |  |
|--------------|--|--|--|---------------------------------|--|----------------------------------|--|
| _____        |  | _____                                  |  | _____                           |  | _____                            |  |
| Civic number |  | Street, avenue, boulevard, rural route |  | Apt.                            |  | P.O. box                         |  |
| _____        |  | _____                                  |  | _____                           |  | _____                            |  |
| City, Town   |  | Province or State                      |  | Postal code                     |  | Country                          |  |
| _____        |  | _____                                  |  | _____                           |  | _____                            |  |
| Area code    |  | Home phone number                      |  | Area code                       |  | Phone number at work             |  |
|              |  |  |  |                                 |  | Ext.                             |  |
| _____        |  | Language of correspondence             |  |                                 |  |                                  |  |
| Area code    |  | Cellular phone                         |  | <input type="checkbox"/> French |  | <input type="checkbox"/> English |  |

**Part B – Information pertaining to the application**

**1. Name of the pension plan**

Enter the name of the pension plan in question in your application: |\_\_\_\_\_|

**2. Multiple employment**

If you held more than one position relevant to the RREGOP, the PPMP, the PPCT or the PPPOCS, did you leave all those positions? (If you check "No", read the guide.)  Yes  No

**Part C – Document to attach to your application**

If you are living outside the province of Québec, you must provide a proof of birth. The proofs differ depending on your place of birth. Consult the Forms section on our website to know about the accepted proofs.

**Part D – Signature of the non-active plan member**

If my application pertains to the total refund of the contributions paid to the RREGOP, the PPMP, the PPCT or the PPPOCS, I hereby certify that I have not held a job covered by those plans since at least 210 days after the **date of end of employment** entered in Part E.

If my application pertains to the refund of the contributions paid to the RREGOP, the PPMP or the PPPOCS, I am aware that it will automatically result in the calculation of the benefits to which I am entitled under each of those plans.

I am aware that the refund of contributions made according to the information given in this form will become **final and irrevocable** as soon as the cheque is cashed or the funds transferred to an RRSP. The refund cancels any present or future rights regarding the calculation of my pension or my eligibility to benefits.

I hereby authorize Retraite Québec to provide the employer with any information related to my application for reimbursement:  Yes  No

I hereby certify that the information provided in Parts A to D of this form and the attached documents is accurate and complete.

|   |  |      |  |       |  |     |  |
|---|--|------|--|-------|--|-----|--|
| _____                                   |  | Year |  | Month |  | Day |  |
| Signature of the non-active plan member |  | _ _  |  | _ _   |  | _ _ |  |
|   |  | Date |  |       |  |     |  |

Employer identification number

Identification number

OR Social insurance number

**Part E – Employer information**

(This section must be completed by an authorized agent of the employer)

**Identification of employer**

Name of employer Employer identification number

Civic Number Street, avenue, boulevard, rural route P.O. box Identification of ministry or organization

City, Town Province Postal code

Area code Phone number Ext. Area code Fax number

**Identification of non-active plan member**

Last name First name Social insurance number

**Administrative information**

Employee status:  Permanent, full-time  Permanent, part-time  Other

**Information on the employment relationship of an employee who has a full-time or a part-time permanent position**

Date of end of employment: Year Month Day

**Information on the employment relationship of an employee who has a status other than that of full-time permanent employee or part-time permanent employee**

Is the employee's name on a list ensuring him priority in hiring or employment?  Yes  No\*

Date of end of employment: Year Month Day AND Date of last day paid\*\*: Year Month Day

\* If you checked "No", you agree that the employee has no guarantee of priority in hiring or employment and therefore does not have to resign.

\*\* Paid days include:

- days worked;
- days of absence with pay (example: vacation, sick leave, legal holidays, maternity leave, etc.);
- days during which the employee is eligible for salary insurance benefits;
- contributory days of absence without pay.

**Precisions regarding disability**

(based on the 104 weeks prescribed in the collective agreement or work conditions)

Beginning of disability: Year Month Day End of disability: Year Month Day

**Other information that could be useful to the processing of the application:**

Empty box for additional information.

Employer identification number

Identification number

OR

Social insurance number

**Part E – Employer information (cont.)**

**Financial information regarding the non-active member**

If an annual report has already been submitted for the penultimate year of employment, the declaration of financial data for that year is not required in this application. In this case, only complete Section 2 of Part E.

Part E contains two sections so that you can declare the last two years of employment.

Section 1 is intended for the penultimate year of employment.

Fields with an asterisk (\*) are mandatory.

The field “\*\*Job number” is mandatory for the education sector.

The “Date of beginning of employment” corresponds to a new job, as the case may be, and the “Date of end of employment” corresponds to the date which employment ended if both events took place in the same year.

The “Date of end of period” is not needed in this section.

**1. Declaration of financial data of penultimate year**

**a) Basic financial data**

\_\_\_\_\_  
\*Year of participation

\_\_\_\_\_  
\*Pension plan

\_\_\_\_\_  
Group

\_\_\_\_\_  
\*Retraite Québec calendar number

\_\_\_\_\_  
\*\*Job number

\_\_\_\_\_  
\*Job class

Employer contribution  Yes  No

\_\_\_\_\_  
Type of report

\_\_\_\_\_  
\*Daily Factor

\_\_\_\_\_  
\*Basis of remuneration  200  260

Date of beginning of employment: \_\_\_\_\_ Date of end of employment: \_\_\_\_\_  
Year Month Day Year Month Day

\_\_\_\_\_  
Contributory salary \$

\_\_\_\_\_  
Employee contribution \$

\_\_\_\_\_  
Part time – % of time %

\_\_\_\_\_  
Non-contributory salary \$

\_\_\_\_\_  
Annual basic salary \$

Adjusted salary  Yes  No

\_\_\_\_\_  
Date of end of period: \_\_\_\_\_  
Year Month Day

**b) Salary range (200-day basis)**

| Effective date |       |     | Annual basic salary |
|----------------|-------|-----|---------------------|
| Year           | Month | Day |                     |
|                |       |     | \$                  |
|                |       |     | \$                  |
|                |       |     | \$                  |
|                |       |     | \$                  |

**c) Absences**

| Code | Days | Salary | Retroactive payment |
|------|------|--------|---------------------|
|      |      | \$     | \$                  |
|      |      | \$     | \$                  |
|      |      | \$     | \$                  |
|      |      | \$     | \$                  |

**d) Retroactive adjustment**

| Year | Amount |
|------|--------|
|      | \$     |
|      | \$     |
|      | \$     |
|      | \$     |

\_\_\_\_\_  
Date of payment

\_\_\_\_\_  
Non-contributory amount (after maximum service)

Employer identification number

Identification number

OR

Social insurance number

**Part E – Employer information (cont.)**

The last year of employment must be described in section 2.

**2. Declaration of financial data of the last year**

**a) Basic financial data**

\*Year of participation

\*Pension plan       Group       \*Retraite Québec calendar number

\*\*Job number       \*Job class      Employer contribution     Yes     No

Type of report       \*Daily Factor      \*Basis of remuneration     200     260

Date of beginning of employment:  Year  Month  Day      Date of end of employment:  Year  Month  Day

\$       \$       %  
 Contributory salary      Employee contribution      Part time – % of time

\$       \$      Adjusted salary     Yes     No  
 Non-contributory salary (after maximum service)      Annual basic salary

Date of end of period:  Year  Month  Day

The "Date of beginning of employment" corresponds to the date of a new job, as the case may be, and the "Date of end of employment" corresponds to the date which employment ended.

The "Date of end of period" must correspond to the date as at which financial data is entered for the member, when the form is completed.

**b) Salary range (200-day basis)**

| Effective date |       |     | Annual basic salary |
|----------------|-------|-----|---------------------|
| Year           | Month | Day |                     |
|                |       |     | \$                  |
|                |       |     | \$                  |
|                |       |     | \$                  |
|                |       |     | \$                  |

**c) Absences**

| Code | Days | Salary | Retroactive payment |
|------|------|--------|---------------------|
|      |      | \$     | \$                  |
|      |      | \$     | \$                  |
|      |      | \$     | \$                  |
|      |      | \$     | \$                  |

**d) Retroactive adjustment**

| Year | Amount |
|------|--------|
|      | \$     |
|      | \$     |
|      | \$     |
|      | \$     |

Year  Month  Day       \$  
 Date of payment      Non-contributory amount (after maximum service)

Employer identification number

Identification number

OR

Social insurance number

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## Part F – Signature of employer’s authorized representative

I hereby certify that the information provided in Part E of this form is accurate and complete.

\_\_\_\_\_  
Last and first name of authorized representative (IN BLOCK LETTERS)

\_\_\_\_\_  
Title or function

\_\_\_\_\_  
Area code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Ext.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

Year      Month      Day

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### You have to return this form and all the required documents:

#### By mail

Retraite Québec  
475, rue Saint-Amable  
Québec (Québec) G1R 5X3

#### By fax

418 644-8659

#### By secure email

[www.retraitequebec.gouv.qc.ca/  
infosecteurpublic](http://www.retraitequebec.gouv.qc.ca/infosecteurpublic)

### TO CONTACT US

#### By phone

418 643-4881 (Québec region)  
1 800 463-5533 (toll free)  
Persons with a hearing impairment  
418 644-8947 (Québec region)  
1 855 317-4076 (toll free)

### Subscribe to our electronic mailing list

By subscribing to our electronic mailing list, you can keep up with latest information on the various public sector pension plans. The registration form is available on our website.