PENSION CORPORATION

Employer Services
Pension Corporation
PO Box 9460
Victoria BC V8W 9V8

EMPLOYER CONTACT LIST

CORPORATION USE ONLY
ORG ID

NOTE:

- You can help us improve our communication with your organization by completing this additional form.
- Please complete this form to provide us with contact information for:
  - Pension administration purposes, and
  - Pension information products sent to your staff and/or pension plan members.
- We suggest your contact person be a senior manager or supervisor of your payroll or human resources. However, the contact can be any staff that has day to day contact with the Pension Corporation on administrative matters.

  The contact person for distribution of pension information materials may also be anyone outside payroll or human resources as designated by your organization.
- If contact information changes occur throughout the year, please complete this form and return the original to the Pension Corporation (address above).
- Additional copies of this form are available on the website at **pensionsbc.ca**
- If you require supplies of material in printed format, please contact the Communications Branch at the Pension Corporation by telephone at 250 387-8078 or e-mail Penc.OrderProducts@pensionsbc.ca
- Pension Corporation contact list is available in your employer manual.
- If you have any questions about this form see Page 2 for contact information.

ORGANIZATION LEGAL NAME	ORG ID

PART A

Complete Part A to help the ***Municipal Pension Plan*** *improve communication with your organization* ***(FOR MUNICIPAL EMPLOYERS ONLY)***

BENEFITS CONTACT NAME *(print name)*	MAILING ADDRESS *(include postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*
HUMAN RESOURCES CONTACT NAME *(print name)*	MAILING ADDRESS *(include postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*
PAYROLL ITEMS CONTACT NAME *(print name)* (i.e., LTD, COS, retro, salary)	MAILING ADDRESS *(include postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*
RETIREMENT INFO CONTACT NAME *(print name)*	MAILING ADDRESS *(include postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*
TERM NOTICES CONTACT NAME *(print name)*	MAILING ADDRESS *(include postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*

PART B

Complete Part B to help ***Communications Branch*** *improve communication with your organization*

E-MAIL DISTRIBUTION CONTACT NAMES *(If a senior level position does not exist in your organization then identify the senior equivalent responsible for administration, finance and human resource matters)*

CHIEF EXECUTIVE OFFICER *(print name)*	MAILING ADDRESS *(if mailing address is a post office box please include street location address with postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*
DIRECTOR OF HUMAN RESOURCES *(print name)*	MAILING ADDRESS *(if mailing address is a post office box please include street location address with postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*
DIRECTOR OF FINANCE *(print name)*	MAILING ADDRESS *(if mailing address is a post office box please include street location address with postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*

PENSION ADJUSTMENT (PA) CONTACTS *(this form does not collect contact information for PA or for Member Benefit Statements. Contact information for PA or for Member Benefit Statements is collected on the Confirmation of Income Tax Numbers, PA and Member Benefit Statement).*

HARD COPY MASS MAIL DISTRIBUTION – PLAN SPECIFIC PPRODUCTS *(i.e., manuals, booklets, bulletins, annual reports)*

CONTACT NAME / TITLE *(print)*	MAILING ADDRESS *(if mailing address is a post office box please include street location address with postal code)*		
E-MAIL		PHONE *(include ten digits)*	FAX *(include ten digits)*

EMPLOYER CONTACT LIST *(continued)*

ORG ID

PART C

Complete Part C and D (if applicable) to help ***Employer Services Branch*** *improve communication with your organization (i.e., payroll correction, Plan Member Record, payroll data, error corrections, variances)*

CONTACT PERSON NAME *(print full name)*

TITLE *(usually Director or Manager)*

BRANCH NAME *(usually HR, Payroll or Finance)*

MAILING ADDRESS *(INCLUDE POSTAL CODE)*

E-MAIL

E-MAIL STATUS *(check (✔) one)* ☐ NEW ☐ CHANGED

PHONE *(include ten digits)*

FAX *(include ten digits)*

METHOD OF COMMUNICATION – *Employer Services has optional methods of communication available to you. Indicate your organization's preferred method of communication with us by numbering the boxes below (i.e., 1 = 1st choice, 2 = 2nd choice etc.)*

E-MAIL = ☐ CHOICE | FAX = ☐ CHOICE | PHONE = ☐ CHOICE | REGULAR MAIL = ☐ CHOICE

OFFICE HOURS *(to assist us in timing phone calls indicate office hours)* a.m. TO p.m.

Would you like to provide Employer Services Branch with additional contacts (i.e., physical location(s) are not the same as the organization's mailing address indicated above)? ☐ NO ☐ YES IF YES, complete Part D below

PART D

Complete Part D if contact staff within your organization are located at different address(es) than your main office indicated in Part C.
If additional pages are required for Part D please photocopy or print off the website at **pensionsbc.ca**

1 CONTACT PERSON NAME *(print full name)*

TITLE *(usually Director or Manager)*

BRANCH NAME *(usually HR, Payroll or Finance)*

MAILING ADDRESS *(include postal code)*

E-MAIL

E-MAIL STATUS *(check (✔) one)* ☐ NEW ☐ CHANGED

PHONE *(include ten digits)*

FAX *(include ten digits)*

METHOD OF COMMUNICATION – *Employer Services has optional methods of communication available to you. Indicate your organization's preferred method of communication with us by numbering the boxes below (i.e., 1 = 1st choice, 2 = 2nd choice etc.)*

E-MAIL = ☐ CHOICE | FAX = ☐ CHOICE | PHONE = ☐ CHOICE | REGULAR MAIL = ☐ CHOICE

OFFICE HOURS *(to assist us in timing phone calls indicate office hours)* a.m. TO p.m.

2 CONTACT PERSON NAME *(print full name)*

TITLE *(usually Director or Manager)*

BRANCH NAME *(usually HR, Payroll or Finance)*

MAILING ADDRESS *(include postal code)*

E-MAIL

E-MAIL STATUS *(check (✔) one)* ☐ NEW ☐ CHANGED

PHONE *(include ten digits)*

FAX *(include ten digits)*

METHOD OF COMMUNICATION – *Employer Services has optional methods of communication available to you. Indicate your organization's preferred method of communication with us by numbering the boxes below (i.e., 1 = 1st choice, 2 = 2nd choice etc.)*

E-MAIL = ☐ CHOICE | FAX = ☐ CHOICE | PHONE = ☐ CHOICE | REGULAR MAIL = ☐ CHOICE

OFFICE HOURS *(to assist us in timing phone calls indicate office hours)* a.m. TO p.m.

3 CONTACT PERSON NAME *(print full name)*

TITLE *(usually Director or Manager)*

BRANCH NAME *(usually HR, Payroll or Finance)*

MAILING ADDRESS *(include postal code)*

E-MAIL

E-MAIL STATUS *(check (✔) one)* ☐ NEW ☐ CHANGED

PHONE *(include ten digits)*

FAX *(include ten digits)*

METHOD OF COMMUNICATION – *Employer Services has optional methods of communication available to you. Indicate your organization's preferred method of communication with us by numbering the boxes below (i.e., 1 = 1st choice, 2 = 2nd choice etc.)*

E-MAIL = ☐ CHOICE | FAX = ☐ CHOICE | PHONE = ☐ CHOICE | REGULAR MAIL = ☐ CHOICE

OFFICE HOURS *(to assist us in timing phone calls indicate office hours)* a.m. TO p.m.

If additional pages are required for Part D please photocopy or print off the website at ***pensionsbc.ca***

COMPLETED BY *(print full name)*

COMPLETED BY *(signature)*

DATE SIGNED YYYY MM DD

If you have any questions about this form please contact us at:

Communications Branch

Victoria (for CPP/PSPP)	250 356-7516
Victoria (for MPP/TPP)	250 356-0817
Fax	250 356-9591

Employer Services

Victoria	250 356-9701
Toll-free in BC	1 800 663-8823
Fax	250 356-1784
E-mail	employer.services@pensionsbc.ca

Municipal Pension Plan

Victoria	250 953-3000
Toll-free in BC	1 800 668-6335
Fax	250 953-0421
E-mail	MPP@pensionsbc.ca

Freedom of Information and Protection of Privacy Act–The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

RETURN ORIGINAL TO EMPLOYER SERVICES MAKE A COPY FOR YOUR RECORDS

Reset Form