

# DECLARATION OF PARTICIPATION IN THE PENSION PLAN

## DURING FAMILY OR PARENTAL LEAVES AND ABSENCES

(SEE THE INSTRUCTIONS, OVER, FOR FILLING OUT THIS FORM. SEND THIS FORM, SIGNED, ACCOMPANIED BY A CHEQUE FOR THE TOTAL AMOUNT REQUIRED.)

SOCIAL INSURANCE NO.	LAST NAME	FIRST NAME	WEEK COV.	APPR. PERIOD	TRADE CODE	SECTOR	SCHED-ULE/WAGE	NUMBER OF HOURS DECLARED	EMPLOYER CONTRIBUTIONS			EMPLOYEE CONTRIBUTIONS			TOTAL	
									CONTRIBUTIONS	FEES	TOTAL	CONTRIBUTIONS	FEES	TOTAL		
<b>TOTAL</b> ▶																
								<b>1</b> HOURS	<b>2</b> CONTRIBUTIONS	<b>3</b> FEES	<b>4</b> TOTAL	<b>5</b> CONTRIBUTIONS	<b>6</b> FEES	<b>7</b> TOTAL	<b>8</b> TOTAL	

**EMPLOYER'S CONTACT INFORMATION**

Name \_\_\_\_\_

Address

No.	Street	Apartment no.
P.O. box	City	Province
Postal code		

Telephone no. \_\_\_\_\_ Employer no. \_\_\_\_\_

Monthly period declared

From (YYYY-MM-DD)	To (YYYY-MM-DD)
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**SEE RETURN ADDRESS OVER**

**SIGNATURE**

\_\_\_\_\_

Date (YYYY-MM-DD) \_\_\_\_\_

ANYONE WHO SENDS A DECLARATION CONTAINING FALSE OR INACCURATE INFORMATION IS COMMITTING AN INFRACTION AND IS LIABLE FOR PROSECUTION.

ALL EMPLOYERS ARE OBLIGATED TO HOLD THE REQUIRED LICENCE ISSUED BY THE RÉGIE DU BÂTIMENT DU QUÉBEC.

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(SEE THE INSTRUCTIONS BELOW TO FILL OUT THIS FORM. SEND THIS FORM, SIGNED, ACCOMPANIED BY A CHEQUE FOR THE TOTAL AMOUNT REQUIRED.)

EMPLOYER NO.
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Send this signed form, accompanied by a cheque for the total amount required, to the following address:

**Commission de la construction du Québec  
C. P. 2500, succursale Chabanel  
Montréal (Québec) H2N 0A9**

*It is possible to change the employer's address on the CCQ's website: [ccq.org](http://ccq.org).*

<b>Family or parental leave or absence</b>	Leave or absence taken in compliance with the <i>Act respecting labour standards</i> (chapter N-1.1).
<b>Columns "Social insurance number," "Last name," "First name," "Appr. period," "Trade code," "Sector," and "Schedule/wage"</b>	See the <i>Employer's Practical Guide</i> for more details.
<b>Week cov.</b>	Week during which the declared person is on a family or parental leave or absence and for which hours are declared.
<b>Number of hours declared</b>	The number of hours declared during a covered week must not exceed the number of hours usually declared.
<b>Employer contributions</b>	<p><b>Contribution:</b> must correspond to the result of the number of hours declared multiplied by the rate* of the employer contribution to the pension plan set out in Appendix 1 of the <i>Règlement sur les régimes complémentaires d'avantages sociaux dans l'industrie de la construction</i> (chapter R-20, r. 10).</p> <p><b>Fees:</b> must correspond to the result of the number of hours declared multiplied by \$0.075 (fees according to section 126.0.2 of Act R-20).</p>
<b>Employee contributions</b>	<p><b>Contribution:</b> must correspond to the result of the number of hours declared multiplied by the rate* of employee contribution to the pension plan fund set out in the collective agreements.</p> <p><b>Fees:</b> must correspond to the result of the number of hours declared multiplied by \$0.075 (fees according to section 126.0.2 of Act R-20).</p>

\* The *Table of wage rates and contributions to social benefits* is available on the CCQ's website, [ccq.org](http://ccq.org), under the "Wages & Rates" heading.

For more information, you may contact a member of our Customer Service at 1 888-842-8282.

**IMPORTANT: This form may be sent ONLY by mail and must be accompanied by a cheque for the total amount required.**