



CANADA-WIDE INDUSTRIAL PENSION PLAN
RÉGIME TRANSCANADIEN DE RETRAITE

110 Sheppard Avenue East
Suite 900
Toronto, Ontario
M2N 7A3

Phone: (416) 696-3005
Fax: (416) 429-3794

REQUEST FOR COST OR BENEFIT QUOTATION

EMPLOYER: _____ UNION: _____

CONTACT: _____ CONTACT: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

TELEPHONE :() _____ TELEPHONE :() _____

1. DATE CONTRIBUTIONS WILL BEGIN: _____
2. TYPE OF QUOTATION DESIRED – Please check one of the following:
 - a) Benefit Level that can be provided by a Contribution Rate of _____¢ per hour (or \$_____ per week).
 - b) Contribution Rate required to provide a monthly Benefit Level of \$_____ per Service Unit (1800 hours or 45 weeks).
 - c) Benefit factor that can be provided by a Contribution Rate of _____% of wages.
3. SERVICE TO BE RECOGNIZED – Under CWIPP:
 - a) Future service (after contribution commencement date) only.
 - b) All Past and Future service.
 - c) Past service to a maximum of _____ years and Future service.
4. PLAN OPTIONS: Regular Retirement at age 65
 - a) Early Retirement at age 60 with 20 Service Units.
 - b) Automatic 60% Pre-retirement Spouse Pension (with at least 10 Service Units).
 - c) 60% Post-Retirement Spouse Pension.
 - d) Early Retirement Supplement (Plan must include Early Retirement): \$_____ per Service Unit.
5. Is there a plan already covering this unit? Yes No
6. Estimated lump-sum amount to be turned over to CWIPP for service prior to the contribution commencement date, if any: \$_____
7. Enclose a list of active employees showing the sex, date of birth and date of employment (include employees away from work who are expected to return to work within six months). If any other laid-off, terminated or retired employees are to be included, contact the CWIPP Administrator (electronic data preferred).

Effective date of enclosed employee data: _____
Date and forward the completed form to CWIPP at the address above.

SIGNATURE _____