

Attestation of a buy-back period (employer's form)

728A
(2012-05)

This form must be completed by an authorized representative of the employer concerned by a period indicated in the "Application for buy-back" form (727A).

Espace réservé à la CARRA

This form must be returned to the employee submitting an application for buy-back

Part A – Information about the employer

Number of the department or body:
For a public service employer, also indicate the number of the department or body.

Employer's name Employer's identifier

Number of the department or body

Number Street, avenue, boulevard, P.O. box, rural route

City, town, municipality Province Postal code

Part B – Identification of the member

Last name Social insurance number

First name Identification number

Name at birth (if different) Date of birth
Year Month Day

Part C – Periods to be bought back (periods to be attested on the basis of the member's application)

Date of beginning			Date of end			Type of buy-back					Name of employer at the time (only if the name is different from the current name)	Identifier of the employer at the time
						Periods of work		Periods of absences				
YYYY	MM	DD	YYYY	MM	DD	ANT	OCC	ABS	CP	MAT		

Type of buy-back

Check the box corresponding to the type of buy-back that the member has applied for.

ANT: service prior to enrolment;

OCC: service as a casual employee;

ABS: absence without pay;

CP: parental leave (after January 1, 1991);

MAT: maternity leave (before January 1, 1989).

Refer to the guide, if necessary.

Part D – Attestation of periods of work

Social insurance number

Periods of work prior to enrolment (ANT) or as a casual employee (OCC)

1. Number of days worked during the periods applied for

Until June 30, 1973 inclusively

Salary paid:

Refer to the guide for the situations in which you need not complete this field.

Calendar year	Job class	Basis of remuneration		Number of days worked		Salary paid
		200	260	Regular	Casual	
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$

Since July 1, 1973

Number of days worked:

Refer to the guide to find out what can be included in the column.

		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$
		<input type="checkbox"/>	<input type="checkbox"/>			\$

Year 1982:

Enter the days for the year 1982 in the manner indicated in the table.

From January 1 to June 30, 1982 inclusively

		<input type="checkbox"/>	<input type="checkbox"/>			\$
--	--	--------------------------	--------------------------	--	--	----

From July 1 to December 31, 1982 inclusively

		<input type="checkbox"/>	<input type="checkbox"/>			\$
--	--	--------------------------	--------------------------	--	--	----

2. Periods of work as a member of the staff of the Lieutenant Governor, a Minister of a Member of the National Assembly

Specify the years attested in this regard in point 1 above.

Part E – Periods of work that cannot be attested owing to the lack of supporting documents

Part E:

If you complete this part, notify the member that he or she must read Part F – Authorization to contact Revenu Québec, of the “Application for buy-back” form (727A).

Annual basic salary:

According to the category and grade of the job held.

Beginning			End			Reason
YYYY	MM	DD	YYYY	MM	DD	

Calendar year	Remuneration	Source of information	Job class	Annual basic salary
	\$			
	\$			
	\$			
	\$			

Part F – Attestation of periods of absence

Social insurance number

If a period is part of a year for which you submitted an annual report, CARRA establishes the service that may be bought back, on the basis of the days of absence indicated in the report. Refer to the guide for more details.

1. Periods of absence without pay (ABS) or maternity leave (MAT)

a) Evolution of the member's position during the periods requested



Beginning			End			Job incumbent		
YYYY	MM	DD	YYYY	MM	DD	Yes	No	Situation
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

Situation:

Specify the situation if you checked "No". Refer to the guide for more details.

b) Periods of absence to be bought back according to the type of absence

Beginning			End			Type of absence		
YYYY	MM	DD	YYYY	MM	DD	Absence without pay	Parental leave after January 1, 1991	Maternity leave before January 1, 1989
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of absence:

Check that your annual reports correspond to the type of absence you are attesting.

Absence that ended in the current year or the preceding year:

If applicable, you must answer questions 1) and 2).

The answers are essential because these are generally unreported years.

Fields with an asterisk (*) must be completed if you answered "Yes" to the question.

2. Additional information

a) Absence that ended in the current year or the preceding year

Did one of the absences requested by the member end in the current year or the preceding year?

Yes No

If "Yes", answer the following two questions:

1) *Has the complete absence planned from the start ended?

Yes No

2) *Enter the date of return to work.

Year	Month	Day				

Part F- Attestation of periods of absence (cont.)

Social insurance number

2. Additional information (cont.)

b) Additional information if the period concerns one or more unreported years

1)

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Calendar year	Number of days of absence	Salary not paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension plan	Group	Calendar number
<input type="text"/>	<input type="text"/>	
Basis of remuneration	Absence code	

Unreported years:
Complete this section only if one of the periods concerns one or more unreported years.

Enter in sections 1), 2) and 3) the last two unreported years, if any.

2)

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Calendar year	Number of days of absence	Salary not paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension plan	Group	Calendar number
<input type="text"/>	<input type="text"/>	
Basis of remuneration	Absence code	

3)

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Calendar year	Number of days of absence	Salary not paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension plan	Group	Calendar number
<input type="text"/>	<input type="text"/>	
Basis of remuneration	Absence code	

c) Absence because of disability

Fill out section c) or d) if one of the periods attested concerns disability, a grievance settlement or a special agreement.

In addition, check that your annual reports were adjusted, if necessary.

Was one of the absences the result of disability extending beyond the exemption period? Yes No

If "Yes", enter:

1) The period of absence concerned by the buy-back:

Beginning	<input type="text"/>	AND	End	<input type="text"/>
	Year Month Day			Year Month Day

2) The complete period of exemption that preceded the period to be bought back:

Beginning	<input type="text"/>	AND	End	<input type="text"/>
	Year Month Day			Year Month Day

d) Absence resulting from a grievance settlement or a special agreement

You must provide a copy of the grievance settlement or the special agreement if you answer "Yes" to this question. Refer to the guide for more details.

Was one of the absences the result of a grievance settlement or a special agreement? Yes No

If "Yes", enter the period of absence:

Beginning	<input type="text"/>	AND	End	<input type="text"/>
	Year Month Day			Year Month Day

Part F – Attestation of periods of absence (cont.)

e) Evolution of the salary during the period of absence (SPMSQ and PPOCS members only)

Complete section e) only if the absence concerns an SPMSQ or a PPOCS member.

Effective date			Annual pensionable salary
YYYY	MM	DD	
			\$
			\$
			\$
			\$
			\$
			\$

Part G – Periods of absence that cannot be attested owing to the lack of supporting documents

Beginning			End			Reason
YYYY	MM	DD	YYYY	MM	DD	

Member’s comments, if any

Part H – Signature of the employer’s authorized representative

Authorized representative:
This is the person in charge of fringe benefits for the employer concerned by the buy-back period.

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

Title or function

Area code Telephone

Ext.

Area code Fax

I hereby attest that the information provided in this form is from the employer’s records and is accurate and complete.

Signature

Date

Year Month Day

For a member who applies for buy-back of a period of absence for which CARRA calculates a pension adjustment (PA), I ask that that calculated value be transmitted to us so that, as an employer, we can produce an amended T4 or T4A slip that takes into consideration the new PA.

Signature

Date

Year Month Day

To the member

Please return the **original** of this form to the following address before you retire:

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

418 643-4640 (Québec area)
1 866 627-2505 (toll free)

To keep informed, subscribe to CARRA’s electronic mailing list

(www.carra.gouv.qc.ca/ang/liste_diffusion/listes.htm).